

Gymnastics Medical History Form

MEDICAL HISTORY (COMPLETE ONE PER ATHLETE)

FORM MUST BE FULLY COMPLETED

1. ATHLETE'S NAME: _____ DATE OF BIRTH: _____

2. PARENT OR LEGAL GUARDIAN INFORMATION (COMPLETE THIS SECTION IF UNDER 18YRS.)

CONTACT NAME: _____ DAYTIME PHONE: _____

EVENING PHONE: _____ ALTERNATE PHONE: _____

3. EMERGENCY CONTACT INFORMATION (COMPLETE IF DIFFERENT FROM SECTION 2)

CONTACT NAME: _____ DAYTIME PHONE: _____

EVENING PHONE: _____ ALTERNATE PHONE: _____

4. FAMILY PHYSICIAN INFORMATION

PHYSICIAN NAME: _____ PHONE: _____

5. MEDICAL INFORMATION

PROVINCIAL HEALTH CARD: _____
NUMBER PROVINCE

Local medical services are covered by the provincial health plans and will require a valid health card. Please bring your health card with you to the event or provide us with the information on this form and we will make sure that the medical clinic has it.

Please print clearly (if you have answered **YES** to any question, please state the diagnosis, treatment you have or are receiving and if you have been cleared to compete.)

MEDICAL HISTORY INFORMATION	Check Yes / No	IF ANSWERED YES, PLEASE DESCRIBE
Do you know of any health reasons why you should not participate in any gymnastics events?	Yes No	

MEDICAL HISTORY INFORMATION	Check Yes / No	IF ANSWERED YES, PLEASE DESCRIBE
In the last year, has a doctor ever denied or restricted your participation in sports for any reasons?	Yes No	
Have you had any surgeries in the last 12 months?	Yes No	
Have you been diagnosed with a fracture, stress fracture or other bone injuries in the last 12 months?	Yes No	
Have you had any of the following injuries or conditions (last 12 months); Head injury /concussion	Yes No	
Neck or back injury	Yes No	
Trauma or overuse to any joint/bone	Yes No	
Trauma or overuse to any ligament/tendon	Yes No	
Asthma/breathing problems	Yes No	
Bleeding or blood disorder	Yes No	
Diabetes	Yes No	
Heart disease	Yes No	
History of seizures/epilepsy	Yes No	
Mononucleosis	Yes No	
Infectious diseases (organs, bones etc.)	Yes No	
Skin conditions including infection	Yes No	
Other	Yes No	
Are you currently taking any medication? Please list -	Yes No	
Are you currently wearing any type of protective equipment, bracing or taping for any existing injury or condition?	Yes No	
Do you have any allergies/diabetic? Please describe the severity.	Yes No	

MEDICAL HISTORY INFORMATION	Check YES / NO	IF ANSWERED YES, PLEASE DESCRIBE
Are you vegan/vegetarian?	Yes No	
Are you gluten free/celiac?	Yes No	
Do you carry and EPI pen?	Yes No	
Do you wear eye glasses or contact lenses?	Yes No	
Do you wear dental appliances?	Yes No	
Do you have any significant family medical history?	Yes No	

COMMENTS:

MEDICAL WAIVER

I, _____ (the undersigned), hereby agree that the relationship between myself and any attending physician, therapist or allied medical personnel in connection with the event shall be governed by and constructed in accordance with the laws of the province in which the event is being held.

I _____ (the undersigned), state that, to the best of my knowledge, all of the answers on the preceding Medical History form are correct.

Signature of Athlete

Signature of Parent/Guardian (if athlete is under 18 years of age)