

## UFV ATHLETICS RETURNING ATHLETE MEDICAL FROM

PLEASE NOTE: This form is not to be used for athletes who are new to UFV or have taken more than one season off. Athletes using this form MUST have at least one complete pre-season physical examination of file from previous seasons

NAME \_\_\_\_\_ SPORT/YEAR \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF LAST PHYSICAL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CARE CARD NUMBER \_\_\_\_\_ PROVINCE \_\_\_\_\_ STUDENT # \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PROVINCE \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FAMILY DOCTOR NAME: \_\_\_\_\_ CITY: \_\_\_\_\_

All students are part of the Student Union Health and Dental plan that covers medications, braces, orthotics, athletic/physiotherapy, chiropractic and more. It is strongly recommended that Cascade athletes do not 'opt out' of this insurance plan as it can supplement any other medical coverage you may have. If you have 'opted out' or if you are an international student please complete the following:

POLICY HOLDER (ex. Parent who this plan is through): \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

GROUP PLAN # \_\_\_\_\_ POLICY #: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship (ex. Parent): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship (ex. Parent): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

PAST/CURRENT MEDICAL CONDITIONS: \_\_\_\_\_

PAST/CURRENT MAJOR INJURIES/SURGERIES: \_\_\_\_\_

\_\_\_\_\_

In the past year, have you experienced any of the following? Please explain "Yes" answers below

YES	NO	
		any injury requiring you to miss more than one practice or game
		any injury requiring athletic therapy or other treatment
		any concussion or head injury
		any burner/stinger or neck injury
		any surgery or operation for any reason
		any hospital admission for any reason
		any illness or medical condition lasting longer than one week
		any heat exhaustion or heat stroke
		are you now, or have you been advised to be on, any medication on a regular basis
		any new allergies to medication, insects, etc
		chest pain or severe shortness of breath on exertion
		coughing or wheezing on exertion
		irregular heart beat
		bone or joint pains not related to injury
		frequent or severe headaches
		abdominal pains
		skin problems
		unexplained weight change
		(women only) any abnormality of menstrual cycles- skipping cycles or not having period
		Have you started using any special equipment? (Braces, Orthotics, Padding ect)
		Do you currently have any incompletely healed injury?
		Do you have anything you wish to discuss with the team physician?

Explain each "Yes" answers in more detail. Include dates, treatment ect.

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Any YES answer may require further evaluation.

I \_\_\_\_\_, hereby certify the above information to be complete and correct and will continue to update UFV Athletics as to any changes in my medical status.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_