

# CPFA HEALTH QUESTIONNAIRE

## 1. PERSONAL DATA

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ AHCI# \_\_\_\_\_

\_\_\_\_\_ Prov. \_\_\_\_\_

GENDER: F \_\_\_\_ M \_\_\_\_ Date of Birth: \_\_\_\_\_ (d/m/y)

## 2. EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone # (h) \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (w) \_\_\_\_\_

Relation: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

## 3. MEDICAL CONDITIONS

*Indicate "yes" or "no" to the following questions and explain any "yes" answers*

Have you ever been hospitalized? Yes No

Do you have any allergies (medicine, bees, or other stinging insects) Yes No

Do you or any of your family members have high blood pressure? Yes No

Have you been told that you have a heart murmur? Yes No

Do you or any family members have a history of heart problems? Yes No

Do you have any skin problems (itching, rashes, acne)? Yes No

Have you passed out or been dizzy during or after exercise? Yes No

Do you have medical conditions that affect participation? (diabetes, Epilepsy, asthma)? Yes No

Have you had a head injury (ie. Concussion)? Yes No

Have you ever passed out during or after exercise? Yes No

Have you ever had a stinger, burner, or pinched nerve? Yes No

Have you ever had heat cramps or muscle cramps? Yes No

Have you had medical problems since your last physical?

Explain any "yes" answers you have given: \_\_\_\_\_

## 4. ORTHOPAEDIC CONDITIONS

If you have injured any bones, joints, or muscles that require medical attention, please elaborate:

Body Area	Specific Injury	Rt or Lt	Date
Head/Neck	_____		
Shoulder/Arm	_____		
Wrist/Hand/Fingers	_____		
Chest	_____		
Back	_____		
Pelvis/Hip	_____		
Thigh	_____		

Knee \_\_\_\_\_  
Shin/Calf \_\_\_\_\_  
Foot/Toes \_\_\_\_\_

Do you wear any special equipment (braces/splints/eye guards/etc) Yes No  
Do you wear glasses, contacts, or protective eyewear? Yes No  
Are you presently taking any medications or pills? Yes No  
Have you missed five (5) games in a row due to injury? Yes No  
Have you been treated for any medical conditions in the past  
Three months? Yes No  
Do you wear a dental appliance? Yes No  
Do you wear a medic alert bracelet? Yes No  
List the medications that you are taking for the above mentioned medical conditions or  
injuries: \_\_\_\_\_  
How long have you been participating in this sport? \_\_\_\_\_  
What other sports do you participate in? \_\_\_\_\_

5. CONSENT

I, \_\_\_\_\_, parents/guardian of \_\_\_\_\_ have completed the medical questionnaire to the best of my knowledge and have not willingly withheld information on any condition or injury for which my child has had in the past or am currently being treated. I recognize the importance of the medical questionnaire in assisting the coaches in providing prompt and accurate medical attention. I am aware that the team staff member attending to my child's injury may need to clarify any previous condition or injury that my child has sustained. I understand that this information will be kept confidential unless it is necessary to divulge it to another medical practitioner/medical facility.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date



**CALGARY & AREA PEEWEE  
FOOTBALL ASSOCIATION**