



NEW HAMBURG SOFTBALL ASSOCIATION

Medical Information Sheet

Player's Name : _____			
Birth Date: (yyyy/mm/dd)	Age: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Address :

Street : _____

Town : _____

Postal code : _____

OHIP Nbr : _____

Parent / guardian Names : _____

Street : _____

Town : _____

Postal code : _____

Phone #'s : _____

Players Doctor : _____

Player's Dentist : _____

Health History :

	Yes	No	Details
Allergies	Yes	No	_____
Asthma (Respiratory)	Yes	No	_____
Blackouts/Fainting	Yes	No	_____
Chest Pain	Yes	No	_____
Diabetes	Yes	No	_____
Epilepsy	Yes	No	_____
Hearing Disorder	Yes	No	_____
Heart Condition	Yes	No	_____
Recurring Headaches	Yes	No	_____
Siezuers	Yes	No	_____
Glasses	Yes	No	_____
Contact Lenses	Yes	No	_____
Injuries	Yes	No	_____
Medications	Yes	No	_____
Other (including recent surgery)	Yes	No	_____
Wears Medic Alert jewellery	Yes	No	_____

Other: _____

Guardian Signature : _____

Date : _____