

MEDICAL HISTORY FORM

Wilkes-Barre Junior Pens



(All medical information contained herein is **CONFIDENTIAL**)

Player's Name: _____ DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Person's Full Name: _____

Relationship to Player: _____ Phone Number: _____

Cell Phone Number: _____

2nd: Emergency Contact Person's Full Name: _____

Relationship to Player: _____ Phone Number: _____

Cell Phone Number: _____

Physician/Family Doctor: _____

Physician's Address: _____ City: _____

Physician's Phone Number: _____

Hospital of Choice: _____

Dentist's Name: _____

Dentist's Phone Number: _____

Please complete the following: If the answer to any of the following questions is or was yes, please describe on this form the problem and its implications for proper first aid treatment.

Have you had (or do you currently have) any of the following:

Head Injury (concussion, skull fracture)	Yes	No
Fainting Spells	Yes	No
Convulsions/Epilepsy	Yes	No
Neck or Back Injury	Yes	No
Asthma (Provide an inhaler and instructions from doctor to coach)	Yes	No
High Blood Pressure	Yes	No
Kidney Problems	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Heart Murmur	Yes	No
Allergies	Yes	No

Provide a list of allergies: _____

Do any of the above allergies require the use of one or more EPI-Pens:

(Provide EPI-Pen and instructions from doctor to coach)

Injuries To:

Shoulder	Yes	No
Ankle	Yes	No
Wrist	Yes	No
Fingers	Yes	No

Arm	Yes	No
Leg	Yes	No
Do you wear glasses:	Yes	No
Do you wear contacts:	Yes	No
Do you wear hearing aids:	Yes	No
Are you hearing impaired:	Yes	No
Date of your last Tetanus booster:	_____	

Please list any and all medications you are taking: (including over the counter meds)

_____ X's/day_____ Dosage_____

Reason:_____

_____ X's/day_____ Dosage_____

Reason:_____

_____ X's/day_____ Dosage_____

Reason:_____

_____ X's/day_____ Dosage_____

Reason:_____

_____ X's/day_____ Dosage_____

Reason:_____

Has the Doctor placed any restrictions on participant's activities? Yes No

If yes please explain:_____

Is there any other medical/physical/psychological/neurological problems that the coach should know about that may impact a player's performance or needs to be known by medical 1st responders: (if there is any such condition please explain below):
