



# TIMMINS JR "A"

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## MEDICAL QUESTIONNAIRE

1. Names in Full \_\_\_\_\_  
Surname Given Middle
2. Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
Day month year
3. Home Address \_\_\_\_\_  
Street City Postal Code
4. Home Telephone ( ) \_\_\_\_\_ Cellphone ( ) \_\_\_\_\_
5. Social Insurance # \_\_\_\_\_ Health Card # \_\_\_\_\_
6. Are you currently taking any pills or medication (aspirin, etc.) \_\_\_\_\_  
if yes? List: A) \_\_\_\_\_ B) \_\_\_\_\_ C) \_\_\_\_\_ D) \_\_\_\_\_
7. Have you been treated for infectious mononucleosis, viral pneumonia or any other infectious disease during the past 12 months? \_\_\_\_\_
8. Do you have any known allergies to drugs? If so, what? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any known allergies? If so, do you take medication?  
Yes \_\_\_\_\_ NO \_\_\_\_\_
10. Have you ever been knocked out or experience a concussion?  
Yes \_\_\_\_\_ NO \_\_\_\_\_
11. If answer to above is yes, more than once? Yes \_\_\_\_\_ No \_\_\_\_\_
12. If answer 10 and 11 are yes, did the attending doctor have you stay overnight in a hospital?  
Yes \_\_\_\_\_ NO \_\_\_\_\_
13. Do you wear eyeglasses? Yes \_\_\_\_\_ NO \_\_\_\_\_
14. Do you wear contact lenses? Yes \_\_\_\_\_ NO \_\_\_\_\_
15. If answer is yes do you wear them during game participation? Yes \_\_\_\_\_ NO \_\_\_\_\_
16. Do you wear dental appliance? If answer is yes, underscore appropriate, permanent bridge, crowning or jacket, removable, partial or full plate. Yes \_\_\_\_\_ NO \_\_\_\_\_

17. Have you ever had shoulder dislocation, separation or other injury that incapacitated you for a week or longer? Yes \_\_\_\_ NO \_\_\_\_\_

18. Have you ever had an injury to your back? Yes \_\_\_\_ No \_\_\_\_\_

19. Do you experience pain in the back? If answer is yes, indicate with which you experienced by underscoring answer: very seldom, occasionally, frequently only after vigorous exercise or heavy lifting.

Yes \_\_\_\_ NO \_\_\_\_\_

20. Have you ever told that you injured the ligament or either knee joints? Yes \_\_\_\_ NO \_\_\_\_\_

21. Have you ever been advised to have surgery to a knee to correct a condition?

Yes \_\_\_\_ NO \_\_\_\_\_

22. Do you have a pin, screw, or plate in your body as a result of a bone or joint surgery?

If answer is yes, indicate anatomical site and date of surgery.

Yes \_\_\_\_ NO \_\_\_\_\_

23. Have had a fracture during the past 2 years? If answer is yes, indicate site of fracture.

Yes \_\_\_\_ NO \_\_\_\_

24. Have you ever been told that you have a hernia? Yes \_\_\_\_ NO \_\_\_\_\_

25. If answer to the above question is yes, has it been repaired? Yes \_\_\_\_ NO \_\_\_\_\_

26. Have you had any operation during the past 2 years? If answer is yes, indicate site of operation and date.

Yes \_\_\_\_ NO \_\_\_\_ Date \_\_\_\_\_

ADDITIONAL COMMENTS (IF ANY)

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Player's signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_