



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)

Player's signature _____

Date ____/____/____