



HEALTH HISTORY & RELEASE FORM

Name _____

Sex: _____ Age: _____ Ht: _____ Wt: _____

HEALTH HISTORY

IF THE PLAYER SHOULD BE RESTRICTED FROM ANY ACTIVITY, PLEASE

NOTE: _____

If the player will be taking medication during training, please indicate name of drug and dosage:

Please identify any medical condition or history which would require special attention:

Has the player had any of the following? (Please circle for YES): Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure, Measles, Mumps, Pneumonia

IMMUNIZATIONS

(include dates)

Tetanus Toxoid _____

Polio Vaccine _____

Tuberculin Test _____

Measles _____

Rubella _____

ALLERGIES

(yes/no)

Hay Fever _____

Asthma _____

Eczema _____

Insect Stings _____

Other (type) _____

DRUG REACTIONS

(yes/no)

Sulpha _____

Penicillin _____

Antibiotics (type) _____

Other _____

Physician's Name _____

(Address) _____

(Telephone) _____

INSURANCE INFORMATION

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____