

GYMNASTICS CANADA GYMNASTIQUE
MEDICAL HISTORY
(COMPLETE ONE PER ATHLETE)



FORM MUST BE FULLY COMPLETED

1. ATHLETE'S NAME:

DATE:

2. PARENT OR LEGAL GUARDIAN INFORMATION (COMPLETE THIS SECTION IF UNDER 18YRS)

CONTACT NAME:

DAYTIME PHONE:

EVENING PHONE:

ALTERNATE PHONE:

3. EMERGENCY CONTACT INFORMATION (COMPLETE IF DIFFERENT FROM SECTION 2)

CONTACT NAME:

DAYTIME PHONE:

EVENING PHONE:

ALTERNATE PHONE:

4. FAMILY PHYSICIAN INFORMATION

PHYSICIAN NAME:

PHONE:

5. MEDICAL INFORMATION

PROVINCIAL HEALTH CARD:

NUMBER

PROVINCE

Local medical services are covered by the provincial health plans and will require a valid health card. Please bring your health card with you to the event or provide us with the information on this form and we will make sure that the medical has a copy.

If you have answered YES to any question, please state the diagnosis, treatment you have or are receiving and if you have been cleared to compete.

6. MEDICAL HISTORY INFORMATION

6.1 Do you know of any health reason why you should not participate in any gymnastics event?

YES

NO

Please describe:

6.2 In the last year, has a doctor ever denied or restricted your participation in sports for any reason?

YES

NO

Please describe:

6.3 Have you had any surgery in the last 12 months?

YES NO

Please describe:

6.4 Have you been diagnosed with a fracture, stress fracture or other bone injury in the last 12 months?

YES NO

Please describe:

6.5 Have you had any of the following injuries or conditions?

6.5.1 Head injury/concussion

YES NO

Please describe:

6.5.2 Neck or back injury

YES NO

Please describe:

6.5.3 Trauma or overuse to any joint/bone

YES NO

Please describe:

6.5.4 Trauma or overuse to any ligament/tendon

YES NO

Please describe:

6.5.5 Asthma/breathing problems

YES NO

Please describe:

6.5.6 Bleeding or blood disorder

YES NO

Please describe:

6.5.7 Diabetes/heart disease

YES NO

Please describe:

6.5.8 History of seizures/epilepsy

YES NO

Please describe:

6.5.9 Mononucleosis

YES NO

Please describe:

6.5.10 Infectious diseases (organs, bones, etc.)

YES NO

Please describe:

6.5.11 Skin conditions including infections

YES NO

Please describe:

6.5.12 Other

6.6. Are you currently taking any medication?

YES NO

Please describe:

6.7 Are you currently wearing any type of protective equipment, bracing or taping for any existing injury or condition?

YES NO

Please describe:

6.8 Do you have any allergies? Please describe the severity.

YES NO

6.9 Do you carry an EPI pen?

YES NO

Please describe:

6.10 Do you wear eye glasses or contact lenses?

YES NO

Please describe:

6.11 Do you wear dental appliances?

YES NO

Please describe:

6.12 Do you have any significant family medical history?

YES NO

Please describe:

7. COMMENTS

MEDICAL WAIVER

I, _____ (the undersigned), hereby agree that the relationship between myself and any attending physician, therapist or allied medical personnel in connection with the event shall be governed by and constructed in accordance with the laws of the province in which the event is being held.

I, _____ (the undersigned), state that, to the best of my knowledge, all of the answers on the preceding Medical History form are correct.

Signature of Athlete

Signature of Parent/Guardian (if athlete is under 18 years of age)