



MEDICAL HISTORY QUESTIONNAIRE

PLAYER INFORMATION:

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
Age: \_\_\_\_\_ Sex \_\_\_\_\_ Contact (Phone/Email) \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE CIRCLE NO OR YES AND LIST DETAILS AS REQUESTED. ALL INFORMATION WILL REMAIN CONFIDENTIAL AND APPLIED ONLY TO EMERGENCY CARE SITUATIONS.

- NO/YES Do you have any allergies: (Food, medications, etc.) Please list: \_\_\_\_\_
NO/YES Do you regularly take any over the counter and /or prescription medication?
List Medications \_\_\_\_\_
NO/YES Have you ever been diagnosed with any major diseases or conditions? (Diabetes, epilepsy, heart disease, etc.)
List \_\_\_\_\_
NO/YES Do you have or have you ever had a hernia or rupture? List dates if repaired: \_\_\_\_\_
NO/YES Have you ever been knocked out or had a concussion or other closed head injury? \_\_\_\_\_
List dates: \_\_\_\_\_
NO/YES Have you ever injured the bones, ligaments, nerves, or discs of your neck and back that disable you for a week
or longer? List injury dates: \_\_\_\_\_
NO/YES Have you ever had a broken bone or fracture? RIGHT or LEFT \_\_\_\_\_ (list bones and dates) \_\_\_\_\_
NO/YES Have you ever had a shoulder/elbow or wrist injury that disabled you for a week or longer? R or L
List injury dates: \_\_\_\_\_
NO/YES Have you ever injured the ligaments in your knee? R or L (list injuries and dates) \_\_\_\_\_
NO/YES Have you ever had an ankle injury that disabled you for a week or longer? (dislocation, sprain, separation,
etc.) R or L List injury/dates \_\_\_\_\_
NO/YES Do you presently have a rod, pin, screw, or plate anywhere in your body? Injuries/dates \_\_\_\_\_
NO/YES Do you have contact lenses or removable dental appliances while participating in your sport?
List items: \_\_\_\_\_
NO/YES Have you experienced any major surgery? List \_\_\_\_\_
NO/YES Are you current on all immunizations? List special considerations: \_\_\_\_\_
NO/YES Do you have any other conditions you wish to make us aware? Please specify and give details: \_\_\_\_\_
NO/YES Have you completed a pre-sports physical after May prior to the most recent school year? Were you released
to play? If Not Explain \_\_\_\_\_

INSURANCED INFORMATION:

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF M KNOWLEDGE. SIGNING THIS DOCUMENT RELEASES ALL INFORMATION TO ASSIST IN THE APPLICATION OF NECESSARY EMERGENCY CARE.

I, \_\_\_\_\_ (parent/guardian) of the city of \_\_\_\_\_ in Montana, do hereby state that I am the
natural parent or legal guardian having custody of \_\_\_\_\_, a minor age \_\_\_\_\_, born \_\_\_\_\_
In connection with my child's participation in rugby, I authorize any accompanying adult bringing my child to your
treatment facility to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital
care to be rendered to the minor under the general or specific supervision, and on the advice of any physician or surgeon who
is licensed to practice when the need for such treatment is immediate and when efforts to contact me are unsuccessful. I
understand that I assume all liabilities and expenses for the above. I waive all claims against the above referred to adult,
physicians, hospitals, and their employees, ambulatory care etc. in connection with the decisions for such immediate care. I
here by authorize coaches/trainers/ administrators to obtain qualified medical assistance to evaluate medical injuries
including calling 911.

PLAYER NAME SIGNATURE DATE
PARENT/LEGAL GUARDIAN NAME SIGNATURE DATE