



TEAM: _____ YEAR: _____

CALGARY SPRING FOOTBALL ASSOCIATION (CSFA)
MEDICAL QUESTIONNAIRE FORM

Completion and submission required prior to ANY participation in any physical activity with a CSFA team.

I. PERSONAL DATA

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Health Care #: _____
Gender: F M Date of Birth (MON/D/Y): _____ HT: _____ WT: _____
Number of seasons playing contact football? _____
What other sports do you participate in? _____

II. EMERGENCY CONTACT

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Relation: _____
Family Physician: _____ Clinic Name: _____

III. CONCUSSION HISTORY

Indicate "yes" or "no" to the following questions and explain any "yes" answers. YES NO
Have you had a head injury (i.e. concussion)? [] []
*If yes, provide date of injury and confirm that Return to Play was completed:

Table with 5 columns: DATE, ACTIVITY, LOCATION, RECOVERY, RETURN TO PLAY COMPLETED

III. GENERAL HEALTH QUESTIONS – PAR-Q+ (Copyright© 2024 PAR-Q+ Collaboration)

Please read the 7 questions below carefully and answer each one honestly: YES NO
Check YES or NO.

Table with 3 columns: Question, YES, NO. Contains 7 health-related questions.

IV. ORTHOPAEDIC CONDITIONS

If you have injured any bones, joints or muscles that required medical attention, please elaborate:

| Body Area | Specific Injury | R / L Side | Date (M/Y) |
|-----------|-----------------|------------|------------|
| | | | |
| | | | |
| | | | |

Have you missed five (5) games in a row due to injury? Yes No

V. SPECIAL EQUIPMENT AND/OR EYEWEAR

Do you wear any special equipment (braces, retainer, splints, eye guards, etc.)? Yes No

Do you wear glasses, contacts, or protective eyewear? Yes No

VI. CONSENT

I, _____, (athlete’s name), together with my parent(s) _____

have read, understood to my full satisfaction, and have completed the medical questionnaire to the best of our knowledge and have not willingly withheld information on any condition or injury for which the athlete has had in the past or is currently being treated for. We recognize the importance of the medical questionnaire in assisting Athletic Therapist(s), First Aiders, Emergency Medical Care...etc. in providing prompt and accurate medical attention. We are aware that any medical professionals attending to the athlete’s care may/will need to clarify any previous condition(s) or injury(ies) the athlete may have sustained. We understand that this information will be kept confidential unless it is necessary to divulge it to a medical practitioner / medical facility.

We also understand that the Calgary Spring Football Association (CSFA) is not responsible for the state of the athlete’s condition should the athlete and/or parent(s) refuse to accept the advice from medical professionals at the scene. I acknowledge that this physical activity clearance is valid for the duration of the current CSFA Spring Football season from the date it is completed and becomes invalid if my condition changes.

Athlete’s Signature

Date

Parent/Legal Guardian’s Signature

Date

Witness Signature

Date

Administrative Use Only:

| |
|--|
| Notes regarding Health & Wellbeing of Player including treatment and follow-up for injuries sustained: |
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