

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. <u>PERSONAL DATA</u>

Name:				Home Phone:		
Address:				Cell Phone:		
				Health Care #:		
Gender:	F	М	Date of Birth (MON/D/Y):	HT:	WT:	
What other	sport	s do you	ing contact football?			
	GEN	CY CO	NTACT			
Name:				Home Phone:		
Address:				Cell Phone:		
Relation:						
Family Phys	sician	:		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 use mentions date of initial and confirms that Detune to Discusse a complete du		

*If yes, provide date of injury and confirm that Return to Play was completed:

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.	•	

1) Has your doctor ever said that you have a heart condition OR high blood pressure?	
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? <i>Please answer</i> NO <i>if your dizziness was associated with over-breathing (including during vigorous exercise).</i>	
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE:	
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:	
 6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: 	
7) Has your doctor ever said that you should only do medically supervised physical activity?	

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. <u>SPECIAL EQUI</u>	PMENT AND/OR EYEWEAR		
Do you wear any spec	ial equipment (braces, retainer, splints, eye guards, etc.)?	Yes	No

Do you wear any special equipment (braces, retainer, splints, eye guards, etc.)? Do you wear glasses, contacts, or protective eyewear?

VI. CONSENT

, (athlete's name), together with my parent(s) _____ Ι,

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:

Witness Signature

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

No

Yes