



Student Athlete Medical Information Sheet

Name: _____

Student Number: _____

Date of Birth

Day: _____ Month: _____ Year: _____

Phone: (_____) _____

Cell: (_____) _____

Provincial Health Number: _____

Emergency Contact Info

Relationship to Student Athlete: _____

Phone: (_____) _____

Cell: (_____) _____

Doctor's Name: _____

Phone: _____

Dentist's Name: _____

Phone: _____

If you haven't had a physical exam in the last year, it is highly recommended that you do so prior to participation in Mount Mystic Team activities.

Yes	No	Medication	Yes	No	Asthma	Yes	No	Health problem that would interfere with participation on a volleyball team
Yes	No	Allergies	Yes	No	Trouble breathing during exercise	Yes	No	Has had an illness that lasted more and required medical attention in the past year
Yes	No	Previous history of concussion	Yes	No	Heart Condition	Yes	No	Been admitted to hospital in the last year
Yes	No	Fainting or seizure during or after physical activity	Yes	No	Palpitations or Racing Heart	Yes	No	Has had injuries requiring medical attention in the past year
Yes	No	Near fainting or brownouts	Yes	No	Family history of heart disease	Yes	No	Surgery in the last year
Yes	No	Seizure and/or epilepsy	Yes	No	Family history of unexpected death during physical activity	Yes	No	Presently injured <i>Injured body part:</i> _____
Yes	No	Wears glasses	Yes	No	Family history of unexpected death of a young person	Yes	No	Vaccinations up to date <i>Date of last Tetanus Shot:</i> _____
Yes	No	Are lenses shatterproof	Yes	No	Diabetes – Type 1	Yes	No	Hepatitis B vaccination
Yes	No	Wears contact lenses	Yes	No	Diabetes – Type 2			
Yes	No	Wears dental appliances	Yes	No	Wears medical info bracelet/necklace? <i>For what purpose?</i> _____			
Yes	No	Hearing problem						

Please give details if you answered "Yes" to any of the above. Use a separate sheet, if necessary

Medication: _____
 Allergies: _____
 Medical Condition: _____

Recent injuries: _____
 Any info not covered above: _____

I understand that it is my responsibility to keep the Director, Athletics & Recreation advised of any change in the above information as soon as possible. _____ initial

I hereby acknowledge that I intend to participate in one or more athletic endeavours while I am a student at Mount Saint Vincent University . I also acknowledge that I will be doing so at my free will. _____ initial

I realize that participation in athletic endeavours entails certain risks of injury to me. I accept this risk regardless of the nature of the injury and the athletic endeavours in which I participate. _____ initial

Date: _____ Signature of Student Athlete: _____

Date: _____ Signature of Parent/Guardian (if under 19 yrs of age): _____

DECLARATION

Freedom of Information/Protection of Privacy

Mount Saint Vincent University complies with the Freedom of Information/Protection of Privacy legislation of the Province of Nova Scotia. Information collected on this form is used in the normal course of University operations in accordance with this legislation.

Please read the following before signing:

I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the University.