

APPENDIX 3

THE MEDICAL FORM

FIELD PLAN

Football is a physical activity requiring important physical effort. In this questionnaire, we wish to verify your physical ability to play football, in order that you suffer no medical problems. We therefore ask you to answer these few questions honestly.

IDENTIFICATION

Name : _____ Age: _____

Address : _____ Height : _____

_____ Weight : _____

Tel : _____ Health Insurance No. : _____

STATE OF HEALTH

	YES	NO
1. Sensory affliction		
a) Do you have eyesight problems?	___	___
b) Do you wear glasses?	___	___
c) Do you wear contact lenses?	___	___
d) Do you have hearing problems?	___	___
2. Nervous system problems		
a) Do you suffer from fainting spells?	___	___
b) Do you have epilepsy?	___	___
c) Have you ever suffered a head injury (concussion)? If yes, when? _____	___	___
d) Do you suffer from brain or neurological disorders other than those mentioned above?	___	___
3. Respiratory problems		
a) Do you suffer from asthma or chronic bronchitis?	___	___
4. Kidney problems		
a) Have you ever suffered or do you suffer from any form of kidney disease?	___	___

	YES	NO
5. Muscular/skeletal problems		
a) Do you have limited movement of any of your limbs or of your spine?	___	___
b) Do you suffer from muscle weakness?	___	___
6. Systemic disorders		
a) Do you have diabetes?	___	___
b) Have you ever suffered from severe rheumatism?	___	___
7. Cardio-vascular problems		
a) Have you a cardiac or vascular problem?	___	___
b) Do you often have chest or heart pains?	___	___
c) Has your doctor ever told you that you have high blood pressure?	___	___
8. Skin problems		
a) Do you have any contagious skin disease?	___	___
9. Other conditions		
a) Are you taking any medication?	___	___
b) Have you ever undergone surgery? If so, when? _____	___	___
c) Have you suffered any type of injury what so ever in the last six months?	___	___
d) Do you suffer from any disease or ailment other than those mentioned above?	___	___
e) Do you suffer from any allergy? If so, which one? _____	___	___

For your own protection, we ask you to consult your physician if you have answered "yes" to one or more of the above questions and to send a copy of the medical report to your coach along with the doctor's recommendations.

List the injuries you have suffered which have kept you from playing your sport.

In accordance with article 22.1 of the safety regulations of the Québec Amateur Football Federation, you are obliged to inform your coach of any change in your state of health which might impair your ability to play football or which might endanger your physical well-being.

Member's signature	Parent or legal guardian	Date
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