

# Queen City Medical Questionnaire

This form is downloadable at the league website [www.queencitybaseball.org/QCAInfo/Handouts](http://www.queencitybaseball.org/QCAInfo/Handouts) in the Handouts section.

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## WHO TO CONTACT IN CASE OF EMERGENCY:

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## HAVE YOU HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING:

(If yes briefly describe the problem and the current status of the problem on the back page.)

Head Injury (concussion, skull fracture) YES \_\_\_\_\_ NO \_\_\_\_\_

Fainting Spells YES \_\_\_\_\_ NO \_\_\_\_\_

Convulsions/Epilepsy YES \_\_\_\_\_ NO \_\_\_\_\_

Neck or Back Injury YES \_\_\_\_\_ NO \_\_\_\_\_

Asthma YES \_\_\_\_\_ NO \_\_\_\_\_

High Blood Pressure YES \_\_\_\_\_ NO \_\_\_\_\_

Kidney Problems YES \_\_\_\_\_ NO \_\_\_\_\_

Hernia YES \_\_\_\_\_ NO \_\_\_\_\_

Diabetis YES \_\_\_\_\_ NO \_\_\_\_\_

Heart Murmur YES \_\_\_\_\_ NO \_\_\_\_\_

Allergies (If yes please specify) YES \_\_\_\_\_ NO \_\_\_\_\_

## HAVE YOU HAD OR DO YOU NOW HAVE:

Frequent colds/flu attacks YES \_\_\_\_\_ NO \_\_\_\_\_

Frequent earaches YES \_\_\_\_\_ NO \_\_\_\_\_

Diarrehia YES \_\_\_\_\_ NO \_\_\_\_\_

Poor Vision YES \_\_\_\_\_ NO \_\_\_\_\_

Poor hearing YES \_\_\_\_\_ NO \_\_\_\_\_

A recent Tetanus Booster? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes what Date? \_\_\_\_\_

**Are you currently taking any Medication?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes what and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has your doctor placed any restrictions on your Athletic Performance?**

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

This form is for Managers use only and should be on hand at all practices and games. (Do not turn into Queen City