

CPFA MEDICAL EXAMINATION FORM

Part I: To Be Completed by parent/guardian of Player:

NAME: _____

Medical History – Check all that apply; please note date

Heart Disease	_____	Tuberculosis	_____
Liver Disease	_____	Kidney Disease	_____
Jaundice	_____	Mental Disorder	_____
Peptic Ulcer	_____	Depression	_____
Anemia	_____	Epilepsy	_____
Hernia	_____	Hypertension	_____
Skin Condition	_____	Rheumatic Fever	_____

Other diseases not listed above including dates:

Detail major operations/hospitalizations including dates:

Part II: To be completed by Player's physician.

Notes to be Examining Physician:

1. The participant will be playing full contact tackle football with and against players who are less than 13 years of age.
2. The playing season extends from August through to November.
3. Each team has a person on staff trained in first aid.
4. A player receiving any medical treatment, or receiving medication while involved with the Calgary and are Peewee Football Association as a player, should have a letter from the examining physician detailing the full nature of the treatment and all medications. The full pharmacological name of all medication used by the player should be given.
5. All medical information will be regarded as strictly confidential.

CURRENT MEDICATIONS/PURPOSE:

Has the player suffered any injuries or disease of a muscular-skeletal nature which could be aggravated by the layer's participation in full contact tackle football or which the player's coaches should otherwise be made aware of?

Are you aware of any medical reason why the player should not participate in full contact tackle football?

FULL PHYSICAL ACTIVITY _____ recommended

_____ not recommended

Restrictions:

(Family Physician)

(Date)