

# RRC Rebels Athletics

## Pre-Participation Medical Form



Name \_\_\_\_\_ Sport \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
street city province postal code

Phone \_\_\_\_\_  
cell home or work

Email Address: \_\_\_\_\_

Provincial Health Care # 6 digit \_\_\_\_\_  
9 digit \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Red River College Student Association  
(Please check one) \_\_\_\_\_ Other (please name) \_\_\_\_\_

Emergency Contacts (please list 2)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_  
cell home or work

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_  
cell home or work

Are you allergic to any drugs? Y N  
If yes, please list \_\_\_\_\_

Do you have any other allergies (bee sting, peanuts, shellfish, latex)? Y N  
If yes, please list \_\_\_\_\_

Do you carry an EpiPen? Y N Expiry date: \_\_\_\_\_

Do you have asthma or exercise induced asthma? Y N  
If yes, please list brand/type of inhaler \_\_\_\_\_

Are you currently on any medication? Y N  
If yes, please list \_\_\_\_\_

Please date and list/describe any previous or current medical conditions (anemia, high blood pressure, hepatitis, diabetes, heart condition, appendicitis, surgeries etc).

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Please date and list/describe any previous or current major injuries (fractures, ligament tears, dislocations, tendonitis, concussions, etc).

Date	Injury	Description	Resolved? Yes/No

Do you currently wear any orthopedic braces or taping while participating in sport?    Y    N  
 If yes, please list (ankle brace, knee brace, etc) \_\_\_\_\_

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Do you wear contact lenses?    Y    N  
 Do you wear a retainer or mouth guard during sport?    Y    N

Note: Your medical information will be kept confidential. It will be with the team at all games and available to authorized persons only in the case of a medical emergency.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I also recognize that I do not have any medical conditions for which I have been advised to not participate in sport.

\_\_\_\_\_  
 Athlete Signature

\_\_\_\_\_  
 Date