

Ottawa Shooting Stars Basketball Club

PO Box 30061 Greenbank North P.O., Ottawa, ON K2H 1A3



Medical Information Form

Player Information	
First name	Last name

Emergency Contact	
First name	Last name
Home phone number	Work/Cell phone number
Email	Relationship to player

Medical Information		
Health card number		
Doctor's name	Doctor's phone number	
Dentist's name	Dentist's phone number	
Check each that applies:		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Epileptic	<input type="checkbox"/> Wears dental appliances
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Trouble breathing during exercise	<input type="checkbox"/> Wears glasses	<input type="checkbox"/> Hearing problems
<input type="checkbox"/> Fainting episodes during exercise	<input type="checkbox"/> Wears contact lenses	
Please provide details for each item you checked above:		

List medications:		

Describe any recent injuries/surgeries:		

Provide details of any other medical condition:		

