

# 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:		
_____		
_____		
_____		
_____		