

# MALA Medical History Form

**Player Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Birth date** \_\_\_\_\_

If the answer to any of the following question is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

**Have you had (or do you presently have) any of the following, please circle:**

Head Injury (concussion, skull fracture)	<b>Yes</b>	<b>No</b>
Fainting spells	<b>Yes</b>	<b>No</b>
Convulsions/epilepsy	<b>Yes</b>	<b>No</b>
Neck or back injury	<b>Yes</b>	<b>No</b>
Asthma	<b>Yes</b>	<b>No</b>
High blood pressure	<b>Yes</b>	<b>No</b>
Kidney problems	<b>Yes</b>	<b>No</b>
Hernia	<b>Yes</b>	<b>No</b>
Diabetes	<b>Yes</b>	<b>No</b>
Heart murmur	<b>Yes</b>	<b>No</b>
Allergies	<b>Yes</b>	<b>No</b>
Specify: _____		
Injuries to:		
Shoulder	<b>Yes</b>	<b>No</b>
Knee	<b>Yes</b>	<b>No</b>
Ankle	<b>Yes</b>	<b>No</b>
Fingers	<b>Yes</b>	<b>No</b>
Arm	<b>Yes</b>	<b>No</b>
Other: _____	<b>Yes</b>	<b>No</b>
Impaired vision	<b>Yes</b>	<b>No</b>
Impaired hearing	<b>Yes</b>	<b>No</b>
Other: _____		

Have you had a recent tetanus booster? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ What? Why? \_\_\_\_\_

Please explain any restrictions the doctor has placed on your activity? \_\_\_\_\_

Any other information that would be medically helpful? \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Team Reps: Please give original Medical History Form to the coach and keep a copy for your records.**