TNT EXPRESS FOOTBALL CLUB

HEALTH INFORMATION FORM

DATE _____

PLAYER'S FULL NAME: _____

HOME ADDRESS: _____

_____

HOME PHONE: _____

EMERGENCY CONTACT PERSON: _____ **PHONE:** _____

DOES THE PLAYER HAVE ANY HEALTH PROBLEMS THE ASSOCIATION OR COACHING STAFF SHOULD BE AWARE OF? PLEASE CHECK THE APPROPRIATE INFORMATION!!!

ALLERGIES ? **YES** _____ **IF YES WHICH?** _____
NO _____

EPILEPSY **YES** _____ **HEARING PROBLEMS** **YES** _____
NO _____ **NO** _____

DIABETES **YES** _____ **ASTHMA** **YES** _____
NO _____ **NO** _____

WEARS GLASSES _____ **WEARS CONTACT LENSES** _____

IS THE PLAYER TAKING MEDICATION? **YES** _____ **NO** _____

IF "YES", WHICH MEDICATION? _____

DOES THE PLAYER CARRY AN "EPI-PEN" (EPINEPHRINE)? **YES** _____
NO _____

HAS THE PLAYER HAD A SURGICAL PROCEDURE IN THE PAST YEAR? **YES** _____
NO _____

IF YES TO ABOVE INDICATE TYPE AND WHEN _____

_____

ANY INJURY IN THE PAST YEAR REQUIRING MEDICAL ATTENTION? _____

PLEASE INDICATE ANY OTHER PERTINENT INFORMATION _____

_____

_____