



# Ukrainian Sports Club (USC) Karpaty Medical Information Form

Player Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Business Telephone Numbers: Mother \_\_\_\_\_ Father \_\_\_\_\_

Alternate emergency contact (if parents are not available)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_

*\*Before a player participates in a soccer program, any medical condition or injury should be checked by the individual's family physician. It is the responsibility of the parents/guardians to advise the Team Officials of any existing medical issues.*

Please circle the appropriate response and provide details if you answer "Yes" to any of the questions.

Yes	No	
_____	_____	Previous history of concussions
_____	_____	Fainting episodes during exercise
_____	_____	Epileptic
_____	_____	Wears glasses
_____	_____	Are lenses shatterproof
_____	_____	Wears contact lenses
_____	_____	Wears dental appliance
_____	_____	Hearing problem
_____	_____	Asthma
_____	_____	Trouble breathing during exercise
_____	_____	Heart Condition
_____	_____	Diabetic – Type 1 _____ Type 2 _____
_____	_____	Medication Details: _____
_____	_____	Allergies Type: _____

	Wears a medical information bracelet or necklace For what purposes? _____
	Has any health problem that would interfere with participation on a soccer team Details: _____
	Has had an illness that lasted more than a week and required medical attention in the last year Details: _____
	Has had injuries requiring medical attention in the past year Details: _____
	Has been admitted to hospital in the last year Details: _____
	Surgery in the last year Details: _____
	Presently injured. Injured body part: _____
	Vaccinations up to date Date of last Tetanus Shot: _____
	Hepatitis B Vaccination

Please give details if you answered "Yes" to any of the above. Use separate sheet if necessary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Any information not covered above: \_\_\_\_\_

I fully understand that the statements made above together with the execution of the TSA Player Registration Form (Under 18) and USC Karpaty Registration Form constitutes a full and complete disclosure of information related to the player listed above and I hereby sign below in the capacity as parent/guardian or legal representative of the minor.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

*I understand that it is my responsibility to keep the Manager and/or Head Coach or Assistant Coach of the USC Karpaty Boys team advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.*

*I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.*

*I also authorize release of information to appropriate people (coach, physician) as deemed necessary.*

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_