



# NDBA Player Medical History / Information

All information is strictly confidential, this form is to be brought to each game and practice by team manager for emergency use only.

Player's Name	
Address	
Age	
Gender	
Date of Birth	
MSP Number	
Parent's / Guardian's Name	
Phone Number	
Alternate Contact Name	
Alternate Contact Number	
Require corrective lenses ?	
Record of illness, Check those that have occurred at any time:	
Asthma	
Heart Disease	
Diabetes	
State illnesses of past 5 years	
Injuries (specify)	
Other illnesses or surgery	
Check if you suffer from any of the following:	
Recurring headache	
Blackout	
Seizures	
Chest pain	
Physician's Name	
Physician's Phone number	
Year of last tetanus shot	
List allergies	
List regular medicine	
Date card completed	
Date updated	