

**Medical
Form 5**

General Information

Name of Student: _____ Sex: F M Age: ____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Yukon Medical Insurance Number: _____

In case of emergency please notify:

Name: _____ Relationship: _____

Phone day: () - Phone evening: () -

Home Address: _____

Family Doctor: _____ Phone: () -

Medical History

It is important that the history be as complete and accurate as possible. Previous and current medical problems including all previous surgery as well as any significant injuries should be checked off.

- EPILEPSY
- DIABETES
- INFECTIOUS MONONUCLEOSIS
- ASTHMA
- THYROID DISORDER
- KIDNEY DISEASE
- SKIN DISEASE
- BLEEDING
- HEART PROBLEM
- VISION IMPAIRMENT
- METAL PLATE, SCREW, PIN?
IF SO, WHERE? _____

- CONCUSSION
- NECK INJURY PROBLEM
- BACK INJURY PROBLEM
- CAST
- DISLOCATED JOINT
- SPRAIN
- KNEE INJURY
- SHOULDER INJURY
- EYEGASSES/CONTACTS
- TENDINITIS
- BRACE/ SUPPORT REQUIRED
IF SO, WHERE? _____

Other:

Relevant family medical history:

Allergies

To Medication/Drugs	To Food	Other

Current Medication

Prescription	Dosage	Frequency

Print Name: _____

Signature of Parent/Legal Guardian: _____ Date: _____