



WEST VANCOUVER GIRLS SOFTBALL ASSOCIATION

MEDICAL HISTORY

Player Name: _____

Address: _____

Age: ____ Sex: ____ Birthdate: _____

Medical Insurance Number: _____

Parent/Guardian Name: _____

Address: _____

Home Phone Number: _____ Alternate Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Record of Illness: Check those which have occurred at any time.

Asthma _____ Diabetes _____ Heart Disease _____

Please specify any serious illness that has occurred in the past five years:

Injuries (please specify) _____

Physician's Name: _____ Phone Number: _____

Year of last tetanus shot: _____

List allergies and/or regular medication:

The information on this form is strictly confidential.