

**UNIVERSITY OF MANITOBA
BISON SPORTS
ANNUAL HEALTH REASSESSMENT QUESTIONNAIRE**

Please note that athletes using this form MUST have at least one complete pre-season medical examination on file from previous seasons/camps. Athletes who have been away 2 or more years must have a full pre-season medical examination completed.

To be completed by the athlete

Last Name _____ First Name _____
 Address _____ City _____ Province _____
 Home Phone # _____ Postal Code _____ Date of Birth ____M/____D/____Y
 Health Care # _____ (6 digit # only) Province _____
 Family Doctor's Name _____ Date of Last Physical Exam ____M/____D/____Y

FOR EMERGENCY PLEASE NOTIFY:

Name _____ Relationship _____
 Address _____ Phone # _____

In the past, have you experienced...? (Please explain "YES" answers in the space provided)

Any injury requiring you to miss more than one practice or game?	YES	NO
Any injury requiring Athletic Therapy or other treatment?	YES	NO
Any concussion or head injury?	YES	NO
Any burner/stinger or neck injury?	YES	NO
Any surgery or operation for any reason?	YES	NO
Any hospital admission for any reason?	YES	NO
Any illness or medical condition lasting longer than one week?	YES	NO
Any heat exhaustion or heat stroke?	YES	NO
Are you now on, or have you been advised to be on, any medication on a regular basis?	YES	NO
Any allergies to medication, insects, etc.?	YES	NO
Any chest pain or severe shortness of breath on exertion?	YES	NO
Any coughing or wheezing on exertion?	YES	NO
Any fainting or dizzy spells on exertion?	YES	NO
Any irregular heartbeat?	YES	NO
Any bone or joint pains not related to injury?	YES	NO
Any frequent or severe headache?	YES	NO
Any abnormal pains?	YES	NO
Any skin conditions/problems?	YES	NO
(Females only) Any abnormality of menstrual cycle?	YES	NO
Do you currently have any incompletely healed injuries?	YES	NO
Do you have anything you wish to discuss with the team physician or trainer?	YES	NO
Have you started using any special equipment (i.e. pads, braces, orthotics, etc.)?	YES	NO

Explain "YES" answers: _____

(You may write on the reverse of this page)

I hereby certify the above information to be correct

Athletes Signature: _____ Date _____