



## Junior Curling Program

### Medical Form

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

The following information is required to assist the Junior Program Staff in determining special considerations for the above-mentioned curler to participate in the Junior Curling Program. This information will alert the Junior Program Staff to any potential medical or physical problems, which might require some attention while this curler is at the curling club. Please use back of this form to explain condition(s) further.

Has the curler suffered from any of the following:

Nervous Trouble	Y / N	Rheumatism or Arthritis	Y / N
Head Injury, Concussion, Headaches	Y / N	Stomach, Bowel, or Digestive Problems	Y / N
Dizziness, or Fainting Spells	Y / N	Hernia	Y / N
Epilepsy	Y / N	Back Pain	Y / N
Nose, Ear, Throat, Eye Problems	Y / N	Kidney or Bladder Trouble	Y / N
Lung Disease or Chronic Cough	Y / N	Diabetes	Y / N
Skin Conditions	Y / N	Menstrual Problems	Y / N
Hives, Hay Fever, Asthma, Allergies	Y / N	Foot Problems	Y / N
Joint Injury	Y / N	Heart Problems / Concerns	Y / N
Broken Bones	Y / N	Corrective Lenses	Y / N
Motion / Travel Sickness	Y / N	Bed Wetting	Y / N
Tendon or Ligament Injury	Y / N	Sleeping Disorder	Y / N
Medical Condition Not Listed Above	Y / N	Condition: _____	

### Allergies

Food (peanuts, fruit, dairy, gluten)	Y / N	Animals (dogs, cats, rabbits)	Y / N
Medications (prescribed or other)	Y / N	Environmental (sun, plants, insects)	Y / N