



ABITIBI ESKIMOS

PO Box 1131
Iroquois Falls ON Canada
P0K 1G0

PHONE (705) 258-3508 FAX (705) 232-4241
www.eskis.com scottie@nt.net

IGLOO MANIA



MEDICAL HISTORY QUESTIONNAIRE

1. Names in Full

Surname given middle

2. Birthday ____/____/____ Age ____
Day month year

3. Home Address _____
Street City Postal Code

4. Home Telephone () _____ Business Telephone () _____

5. Social Insurance # _____ Health Card# _____

6. Are you currently taking any pills or medication (aspirin, etc.) _____
if yes? List: A) _____ B) _____ C) _____ D) _____

7. Have you been treated for infectious mononucleosis, viral pneumonia or any other infectious disease during the past 12 months?

8. Do you have any known allergies to drugs? If so, what? Yes _____ No _____

9. Do you have any known allergies? If so, do you take medication?
Yes _____ NO _____ _____

10. Have you ever been knocked out or experience a concussion?
Yes _____ NO _____ _____

11. If answer to above is yes, more than once? Yes _____ No _____

12. If answer 10 and 11 are yes, did the attending doctor have you stay overnight in a hospital?
Yes _____ NO _____

13. Do you wear eyeglasses? Yes _____ NO _____

14. Do you wear contact lenses? Yes_____ NO_____

15. If answer is yes do you wear them during game participation? Yes_____ NO_____

16. Do you wear dental appliance? If answer is yes, underscore appropriate, permanent bridge, crowning or jacket, removable, partial or full plate. Yes_____ NO_____

17. Have you ever had shoulder dislocation, separation or other injury that incapacitated you for a week or longer? Yes_____ NO_____

18. Have you ever had an injury to your back? Yes_____ No_____

19. Do you experience pain in the back? If answer is yes, indicate with which you experienced by underscoring answer: very seldom, occasionally, frequently only after vigorous exercise or heavy lifting. Yes_____ NO_____

20. Have you ever told that you injured the ligament or either knee joints? Yes_____ NO_____

21. Have you ever been advised to have surgery to a knee to correct a condition?
Yes_____ NO_____

22. Do you have a pin, screw, or plate in your body as a result of a bone or joint surgery?
If answer is yes, indicate anatomical site and date of surgery.
Yes_____ NO_____ _____

23. Have had a fracture during the past 2 years? If answer is yes, indicate site of fracture.
Yes_____ NO_____ _____

24. Have you ever been told that you have a hernia? Yes_____ NO_____

25. If answer to the above question is yes, has it been repaired? Yes_____ NO_____

26. Have you had any operation during the past 2 years? If answer is yes, indicate site of operation and date. Yes_____ NO_____ Date_____

Players signature_____

Date____/____/____