



Elite Field Hockey HEALTH / PHYSICAL FORM

Sessions Attending (circle session(s)): WEEK 1 WEEK 2 WEEK 3

Elite Field Hockey HEALTH FORM MUST BE HAND-CARRIED TO CHECK-IN

** If you wish to supply a valid 2021- 2022 signed school health/sports physical form, please complete the Elite FH information below and sign, date the form on the back by both the participant & parent/guardian.

Staple the school form to the back of this health form and **HAND-CARRY to check-in.**

Last Name: _____ First Name: _____ DOB: _____

Health Insurance Company: _____ Membership Number: _____

Emergency Contact: _____ Cell Number: _____

APPLICANT HAS HAD (please provide dates below or attach separate sheet)

DISEASE	VACCINATION	IMMUNIZATION
Measles	_____	_____
Hepatitis B (for children born after 1/1/92)	_____	_____
Mumps	_____	_____
Whooping Cough	_____	_____
Chicken Pox	_____	_____
Tetanus	_____	_____
Diphtheria	_____	_____
Polio	_____	_____
TB Test	_____	_____

PLEASE CHECK ANY OF THE APPLICANT'S HEALTH PROBLEMS IN THE PAST OR PRESENT AND GIVE THE YEAR. Have you ever had, or now have, any of the following?

General	Yes	No	Briefly Explain
Asthma	_____	_____	_____
Tuberculosis	_____	_____	_____
Polio	_____	_____	_____
Diabetes	_____	_____	_____
Allergies:	_____	_____	_____
Medications	_____	_____	_____
Food	_____	_____	_____
Bee Stings	_____	_____	_____
Fungus	_____	_____	_____
Herpes	_____	_____	_____
Staph (Boils)	_____	_____	_____
Cyst or Lumps	_____	_____	_____
Spleen Injury	_____	_____	_____
Contact Lenses	_____	_____	_____

Are you currently taking any medications, prescribed or otherwise? _____ Yes _____ No

If yes, please explain: _____

Neurological	Yes	No	Briefly Explain
Head Injury:	_____	_____	_____
Concussion	_____	_____	_____
Nose Fracture	_____	_____	_____
Neck Injury	_____	_____	_____
Heat Problems	_____	_____	_____

Cardiopulmonary	Yes	No	Briefly Explain
Chest Pains	_____	_____	_____
Palpitations	_____	_____	_____
Shortness of Breath	_____	_____	_____
High Blood Pressure	_____	_____	_____
Heart Murmur	_____	_____	_____
Fainting	_____	_____	_____

Orthopedic	Yes	No	Briefly Explain
Foot/Ankle	_____	_____	_____
Lower Leg/Knee	_____	_____	_____
Thigh/Hip/Groin	_____	_____	_____
Back/Ribs	_____	_____	_____
Neck/Shoulder	_____	_____	_____
Arm/Elbow/Wrist	_____	_____	_____
Hand/Fingers	_____	_____	_____
Other	_____	_____	_____

Please list any other pertinent medical history: _____

Current Vitals: Height:_____Weight:_____Pulse:_____B.P._____

The above named individual has had a physical examination and is cleared for activity at the Elite Field Hockey Camp.

***Health Care Provider Signature:** _____ **Date:** _____

*** If a signed school form is **NOT** attached, this document **must be signed/stamped to be valid**

HCP Printed Name: _____

HCP Address: _____ **HCP Phone:** _____

**** Participant:** The responses to the questions on this form are correct to the best of my knowledge.

Participant's Signature: _____ **Date:** _____
Must be signed to be valid

***** Parent/Guardian:**

I understand and accept that risk of injury is possible while playing or practicing the sport of field hockey. I authorize the directors to act for me according to their best judgment in any emergency requiring medical attention.

Parent and/or Guardian's Signature: _____ **Date:** _____
Must be signed to be valid

HEALTH FORM MUST BE HAND CARRIED TO CHECK-IN
 Please DO NOT mail, fax or email this form