

## MCDS Rower Health Information

**Athlete's Name**

**Date**

**Primary Physician:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

### Medical History Questionnaire

Medical Condition	Yes	No	Comments: List any medications, specific needs, etc.
Medical or food allergies			
Breathing problems, asthma, emphysema, tuberculosis, other			
Back problems			
Muscular Problems			
Learning or emotional disability, ADD, other. Please list medication taken.			
Mental disorders, depression (etc.)			
Visual problems			
Hearing problems			
Dental problems			
Seizure disorder			
Migraine headaches			
Stomach problems			
Medications you are currently taking and for what reason			
Other health problems/concerns we should know about for travel			
Date of last medical exam: Date of last Tetanus shot:			

**Please include a copy of your insurance card.**

**I, \_\_\_\_\_, certify that the information provided is true, correct, and complete to the best of my knowledge.**

**Signature (Parent/Guardian) Date**

## Data Sheet

**Athlete Name:** \_\_\_\_\_

**Athlete Cell Phone #:** \_\_\_\_\_

**Athlete email:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**Parent/Guardian Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Please star the # that we should call first in case of an emergency**

**Parent/Guardian Address:** (if more than one please put at the right)


email: \_\_\_\_\_

email: \_\_\_\_\_

**In case of an emergency and we CANNOT contact you, please list who we should call.**

**Name:** \_\_\_\_\_

**Tel. #:** \_\_\_\_\_

**Relationship to Athlete:** \_\_\_\_\_