

Return by August 1
MEDICAL INFORMATION SHEET

**** Medical Information Sheet must be completed before participation in Princeton University Sprint Football Team Alumni Scrimmage will be granted.**

First Name _____ MI _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____

Please supply insurance information below:

Insurance company and address: _____

Please indicate all that apply:

Certificate # _____ ID # _____
Policy # _____ Group # _____ Plan # _____

Please have you physician complete the remainder of the form.

Ht _____ Wt _____ BP _____ Pulse _____ Cholesterol _____

To your knowledge, does the individual named above have a history of any of the following:

Heart disease	yes/no	Fainting	yes/no	Asthma	yes/no
Chest pain	yes/no	Tachycardia	yes/no		
Head Injury	yes/no	Hypertension	yes/no		
Diabetes	yes/no	Concussion	yes/no		
Epilepsy	yes/no	High Blood Pressure	yes/no		

Yes/No During the last two years has the individual been hospitalized or had an operation? If yes, please describe

_____.

Yes/No During the last two years has the individual been treated for any fractures or joint injuries? If yes, please describe

_____.

Yes/No Is the individual currently taking any medications? If yes please specify

Yes/No Is the individual allergic to any medications or bee stings? If yes please specify

My signature indicates that I, _____ (print name of Physician) have provided a complete physical examination for the above named individual and he is physically able to and permitted to participate in the contact collision sport of tackle football

Name of Physician
completing form

Signature

Date