

HBBC BROOMBALL TEAM
DEMOGRAPHIC/MEDICAL FORM

NAME: _____ DATE: _____
ADDRESS: _____ PHONE: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____
SOCIAL SECURITY NUMBER: _____

EMERGENCY CONTACT: _____ PHONE: _____
CONTACTS RELATIONSHIP TO YOU: _____

INSURANCE INFORMATION:
INSURANCE CO. NAME: _____
SUBSCRIBERS NAME: _____
IDENTIFICATION NUMBER: _____
GROUP NUMBER: _____
FAMILY DOCTOR: _____ PHONE: _____

MEDICAL HISTORY:
MEDICATIONS: _____ ALLERGIES: _____

DO YOU OR HAVE YOU HAD ANY DISEASES INVOLVING THE FOLLOWING:

- | YES | NO | CIRCLE THE DISEASE |
|-----|-----|---|
| ___ | ___ | HEART(HEART ATTACK/CONGESTIVE FAILURE/CHEST PAIN/IRREGULAR BEAT/VALVE PROBLEMS/SURG) |
| ___ | ___ | LUNGS(ASTHMA/BRONCHITIS/WHEEZING/SHORTNESS OF BREATH/EMPHYSEMA/TB/OTHER) |
| ___ | ___ | KINDEYS(DIALYSIS / FAILURE / INFECTION / STONES / OTHER) |
| ___ | ___ | CIRCULATION(HIGH BP / PHLEBITIS / CLOTS / POOR CURCULATION / OTHER) |
| ___ | ___ | BLOOD DISORDERS(ANEMIA / SICKLE CELL / EASY BRUISING / OTHER) |
| ___ | ___ | DIABETES(DIET CONTROLLED / PILLS / INSULIN) |
| ___ | ___ | THYROID(UNDER ACTIVE / OVERACTIVE / OTHER) |
| ___ | ___ | LIVER(YELLOW JAUNDICE / HEPATITIS / CIRRHOSIS / MONO / OTHER) |
| ___ | ___ | NERVOUS SYSTEM(STROKE/CONVULSIONS/PARALYSIS/MS/MYASTHEMIA GRAVIS/OTHER) |
| ___ | ___ | PSYCHIATRIC(ANXIETY ATTACKS / SCHIZOPHRENIA / DEPRESSION / OTHER) |
| ___ | ___ | DIGESTIVE(HIATAL HERNIA / REFLUX / ULCERS / INDIGESTION / OTHER) |
| ___ | ___ | TEETH/AIRWAY(FALSE / LOOSE / CAPS / BRIDGES / BRACES / RETAINERS / SLEEP APNEA / OTHER) |
| ___ | ___ | CONTACT LENSES(SOFT / HARD/ EXTENDED WEAR) REMOVED: _____ |
| ___ | ___ | MUSCLES/JOINTS(NECK / JAW / ARTHRITIS / SCOLIOSIS / OTHER) |
| ___ | ___ | OTHER SIGNIFICANT MEDICAL HISTORY(CANCER / GLAUCOMA / SINUSITIS / OTHER) |
| ___ | ___ | TOBACCO(CHEW/SMOKE _____ PACKS/DAY FOR _____ YEARS / QUIT _____) |
| ___ | ___ | ALCOHOL(SOCIAL _____ / DAILY _____ / QUIT _____) |
| ___ | ___ | STREET DRUGS(MARIJUANA / COCAINE / IV DRUGS) |
| ___ | ___ | BLOOD TRANSFUSIONS/BLOOD PRODUCTS |
| ___ | ___ | HAVE YOU TAKEN PREDNISONE/STEROIDS IN THE LAST SIX MONTHS |
| ___ | ___ | ANESTHESIA: HAVE YOU HAD ANY PROBLEMS WITH ANESTHESIA IN THE PAST? |

I HEREBY AUTHORIZE THE HERSHEY BEARS BOOSTER CLUB BROOMBALL TEAM TO
RELEASE ANY INFORMATION CONTAINED ABOVE FOR TREATMENT TO ME IN THE EVENT OF
ANY ACCIDENT/INJURY OCCURING FROM MY PARTICIPATION WITH THIS ACTIVITY:

PLAYERS SIGNATURE: _____ DATE: _____