Yukon
Education

MEDICAL
APPENDIX / FORM #5

GENERAL INFORMATION:			
Name of Student:		☐ Male ☐ Female	Age:
Home Address:			
City:		DOB:	YHC:
Prov./Terr.:	Postal Code:	Phone Number:	

IN CASE OF EMERGENCY PLEASE NOTIFY:		
Name:	Relationship:	Phone Day:
Home Address:		Phone Evening:
Family Doctor:	Dr's Number:	

MEDICAL HISTORY
It is important that the history be as complete and accurate as possible. Previous and current medical problems including all previous surgery as well as any significant injuries should be checked off.

☐ Epilepsy	☐ Skin Disease	☐ Bleeding	☐ Dislocated Joint
☐ Diabetes	☐ Heart Problem	☐ Vision Impairment	☐ Concussion
☐ Infectious Mononucleosis	☐ Neck Injury Problem	☐ Eyeglasses/Contacts	☐ Thyroid Disorder
☐ Back Injury Problem	☐ Kidney Disease	☐ Asthma	☐ Shoulder Injury
☐ Tendinitis	☐ Sprain	☐ Knee Injury	☐ Cast
☐ Metal Plate, Screw, Pin If so, where?		☐ Brace/Support Required? If so, where?	

Other:

Relevant family medical history:

ALLERGIES

TO MEDICATION/DRUGS	TO FOOD	OTHER

CURRENT MEDICATIONS

PRESCRIPTION	DOSAGE	FREQUENCY

Parent/Legal Guardian Name Print:

Signature of Parent/Legal Guardian:	Date:

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