



VANIER HIGH SCHOOL BASKETBALL

Medical Form : Form is confidential/only coaches will see this document

Current Date:_____

1. Print Name: _____

2. Date of program or expedition: _____

3. Height: _____ Weight: _____

4. Sex: _____

5. Birth date: Year:_____ Month_____ Day_____

6. Evaluate your health (check one):
Fair _____ Good _____ Excellent _____

7. Evaluate your physical condition:
Below Average _____ Average _____ Above Average _____

8. Are you on any medication? Yes _____ No _____

If yes; Medication name(s) : _____

Medicated for?_____

Please describe how the drug is to be administered:

9. Do you have any physical limitations? Yes _____ No _____
If yes, please describe:

10. List any allergies, dietary restrictions or other special needs: