



PLAYER MEDICAL FORM

2026 Season

Your Name:*

Your Email:*

PERSONAL DETAILS & CONTACTS

Player Cell #:*

Home Address (incl. postal code):*

Alberta Health Care Number:*

Date of Birth:*

PRIMARY Emergency Contact Details – incl. cell phone #:*

Relationship to you:*

SECONDARY Emergency Contact Details – incl. cell phone #:*

MEDICAL DETAILS

Medical Conditions (indicate "none" or list all):*

Medications currently on (indicate "none" or list all):*

Allergies (indicate "none" or list all):*

Corrective Lenses (Y/N):*

- Yes
- No

Surgery / Operations / Procedures (list all in last 10 years & include dental):*

Last Tetanus Shot (year):*

Do you regularly get treatment for any conditions? (chiro, physio, etc.):

Have you EVER been diagnosed with a concussion?*

- Yes
- No

If you answered yes, please provide details of concussion(s) incl. date(s) and weeks of sport missed:

Have you ever had your "bell rung"?*

- Yes
- No

Additional padding / braces / support you use to play lacrosse or any other sports.*

INJURY HISTORY

Please be as detailed and specific as possible to assist our training staff as and when needed

Neck

Please provide details of your injury, when it occurred / you received the diagnosis, what the prognosis / treatment plan was and how long before you could return to play:

Shoulder

- Left
- Right
- Both

Please provide details of your injury, when it occurred / you received the diagnosis, what the prognosis / treatment plan was and how long before you could return to play:

Elbow

- Left
- Right
- Both

Please provide details of your injury, when it occurred / you received the diagnosis, what the prognosis / treatment plan was and how long before you could return to play:

Wrist / Hand

- Left
- Right
- Both

Please provide details of your injury, when it occurred / you received the diagnosis, what the prognosis / treatment plan was and how long before you could return to play:

Hip / Pelvis

- Left Hip
- Right Hip
- Both Hips
- Pelvis

Please provide details of your injury, when it occurred / you received the diagnosis, what the prognosis / treatment plan was and how long before you could return to play:

Thigh / Hamstring

- Left
- Right
- Both

Please provide details of your injury, when it occurred / you received the diagnosis, what the prognosis / treatment plan was and how long before you could return to play:

Knee

- Left
- Right
- Both

Please provide details of your injury, when it occurred / you received the diagnosis, what the prognosis / treatment plan was and how long before you could return to play:

Foot / Ankle

- Left
- Right
- Both

Please provide details of your injury, when it occurred / you received the diagnosis, what the prognosis / treatment plan was and how long before you could return to play:

Do you regularly need / expect to see the trainer before taking the floor? (taping, stretching, etc.)

- Yes
- No

How can our trainer help you to be at your best?

Do you have issues in hot weather?:

- Yes
- No

Anything else our trainer needs to know? (Please list precautions, supplements, dietary, etc.)