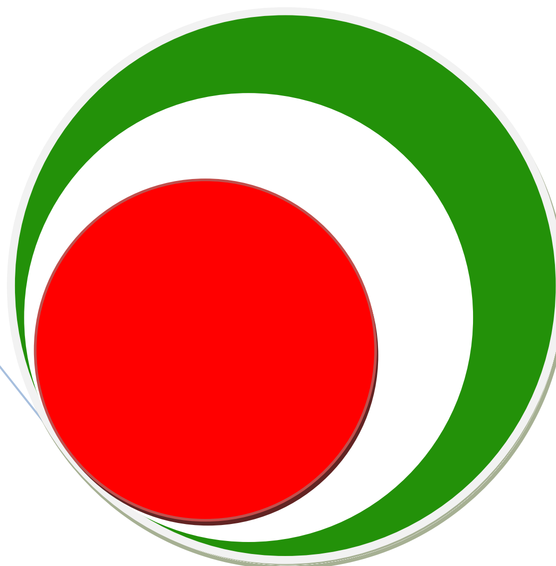
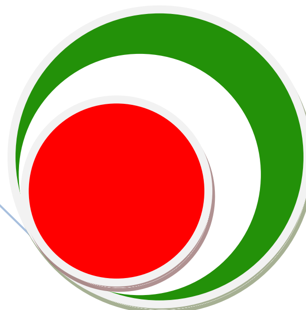
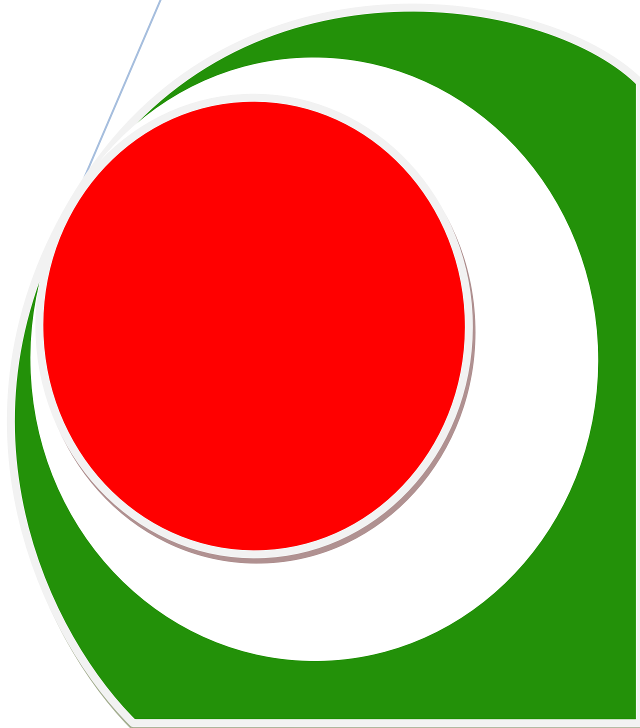


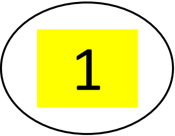


Players Medical File

Sure Name:
First name:
Club:
Date:

Season 92 -93





1-profile

Date: ...../....../......

Surname:	**First name:**
Date of birth: **(day/month/year)**	**Gender :** ▢ **male** ▢ **female**
Nationality:	**City of birth:** **City of living:**
Insurance No. card: **Date of issue:** **Name of Insurance Company:**	**Email:**
Home address: **Tel:** **cell:**	
Emergency contact: **Name:** **relationship:** **cell:**	
Player: **soccer** ▢ ▢ **beach soccer** ▢ **futsal**	
Position on the field ▢ goal keeper ▢ defender ▢ midfielder ▢ striker	
Dominant leg : ▢ left ▢ right ▢ both	

Training and competition History

Soccer training:.................years
Total training time per week: .... hours per week
Fitness training in the preparation period .... hours per week
Fitness training during the season....................... hours per week
Matches in the previous season ....matches
Matches in the current season ....Matches

2

2. Medical History

2.1 Past complaints history

General	No	Yes	
Diabetes	☐	☐	
Recurrent infections	☐	☐	
Rheumatic fever	☐	☐	
Heat illness	☐	☐	
Concussion	☐	☐	
Allergic to food, insects	☐	☐	
Allergic to drugs	☐	☐	
Heart and lung	**No**	**At rest………..during/after exercise**	
Chest pain or tightness	☐	☐	☐
Shortness of breath	☐	☐	☐
Asthma	☐	☐	☐
Cough	☐	☐	☐
arrhythmias	☐	☐	☐
Palpitation	☐	☐	☐
Other heart problems	☐	☐	☐
Dizziness	☐	☐	☐
Loss of Consciousness	☐	☐	☐
	No	**Yes**	
Hypertension	☐	☐	
Abnormal lipid profile	☐	☐	
Seizures, epilepsy	☐	☐	
More quickly tired than team mates	☐	☐	
Advised to give up sport	☐	☐	

3

Musculoskeletal system history

Sever injury leading to more than four weeks of limited participation or absence from play/training:

☐ No

right – left			latest occurrence	
☐	☐	Groin strain	when?	(month/Year)
☐	☐	Strain of quadriceps	when?	(month/Year)
☐	☐	Strain of hamstring	when?	(month/Year)
☐	☐	Injury of the knee	when?	(month/Year)

(Please specify: ACL☐ MCL☐ LCL☐ PCL☐ meniscus ☐patella ☐)

☐	☐	Achilles tendon	when?	(month/Year)
☐	☐	Ligament injury of the ankle	when?	(month/Year)
☐	☐	Others, please specify:	when?	(month/Year)

For others please provide diagnosis:..

Attach file No ☐ yes ☐

☐ **if yes,** Please attach documents (graph, MRI...) about your injuries

4

Operations of the musculoskeletal system history:

☐No

right – left | | | latest operation
☐ ☐ Hip joint when? (month/year)
please specify..

☐ ☐ Groin (due to pubalgia) when? (month/year)
Please specify..

☐ ☐ knee ligaments when? (month/year)

Please specify..
☐ ☐ knee meniscus or cartilage when? (month/year)

Please specify..

☐ ☐ Achilles tendon when? (month/year)
Please specify..

☐ ☐ Ankle joint when? (month/year)

Please specify..
☐ ☐ other operations when? (month/year)

Please specify..

Attach file No☐ Yes☐

☐ **If yes,** Please attach documents about your operations

5

Current complaints, aches or pain history:

☐ **No** ☐ **Yes,** please specify body parts

☐ head/face	☐ Pelvic ☐ R ☐ L	Right Left
☐ shoulder ☐ R ☐ L	☐ hand ☐ R ☐ L	Hip ☐ ☐
☐ cervical spine	☐ Wrist ☐ R ☐ L	groin ☐ ☐
☐ arm R □ L□	☐ Elbow ☐ R ☐ L	thigh ☐ ☐
☐ thoracic spine	☐ Forearm ☐ R ☐ L	knee ☐ ☐
☐ lumbar spine	☐ Fingers ☐ R ☐ L	lower Leg ☐ ☐
☐ sternum/ribs	☐ Sacrum	Achilles T. ☐ ☐ Ankle ☐ ☐
☐ abdomen	☐ Gastrointestinal upset	Foot,Toe ☐ ☐
☐ Flu like symptoms	☐ Infection	
☐ sleeplssness	☐ Weight loss	

2.2 Routine medication within last 12 months

No☐ yes☐

If yes please specify:

6

2.3 family history (male relative < 55 years , female relatives<65 years)

	No	father	mother	sibling	Other	
Sudden cardiac death	☐	☐	☐	☐	☐	
Sudden infant death	☐	☐	☐	☐	☐	
Coronary heart disease	☐	☐	☐	☐	☐	
Cardiomyopathy	☐	☐	☐	☐	☐	
Hypertension	☐	☐	☐	☐	☐	
Recurrent syncope	☐	☐	☐	☐	☐	
Arrhythmias	☐	☐	☐	☐	☐	
Heart transplantation	☐	☐	☐	☐	☐	
Heart surgery	☐	☐	☐	☐	☐	
Pacemaker/defibrillator	☐	☐	☐	☐	☐	
Marfan syndrome	☐	☐	☐	☐	☐	
Unexplained drowing	☐	☐	☐	☐	☐	
Unexplained car accident	☐	☐	☐	☐	☐	
Stroke	☐	☐	☐	☐	☐	
Diabetes	☐	☐	☐	☐	☐	

2.4 Family History

Cancer and blood disease	☐	☐	☐	☐	☐	
Vascular problem	☐	☐	☐	☐	☐	
Allergies ,asthma	☐	☐	☐	☐	☐	
Hormonal problems	☐	☐	☐	☐	☐	
Others (arthritis etc.)	☐	☐	☐	☐	☐	

7

3. General Physical Examination

Height :……… cm	Weight:……… kg	Eye color:
Pupils: ▢Equal	▢Unequal	
Vision R 20 / _____	L 20 / _____	Corrected: ▢ Yes ▢No
Thyroid gland	▢ normal	▢ abnormal
Lymph nodes	▢ normal	▢ abnormal
Abdomen: Palpation	▢ normal	▢ abnormal
Lungs: Percussion	▢normal	▢ abnormal
Breath sounds	▢ normal	▢ abnormal
Chest	▢ normal	▢ abnormal
Skin Please specify:………………………………………………………………………………………	▢ normal	▢abnormal
Spleen	▢ normal	▢ abnormal
Other problem :		

8

4. Cardiovascular system

Rhythm	☐ normal	☐ arrhythmic
Heart sounds	☐ normal	☐ abnormal, please specify: ☐ split ☐ paradoxically split ☐ 3rd heart sound ☐ 4th heart sound
Heart murmurs	☐ No	☐ yes, please specify: ☐ systolic-intensity: /6 ☐ diastolic-intensity: /6 ☐ clicks ☐ changes during valsalva maneuver ☐ changes when abruptly stands up
Peripheral edema	☐ No	☐ yes
Jugular veins (45' position)	☐ normal	☐ abnormal
Hepato-jugular reflux	☐ No	☐ yes
Blood vessels		
Peripheral pulses	☐ palpable	☐ not palpable
Delay in femoral pulses	☐ No	☐ yes
Vascular bruits	☐ No	☐ yes
Varicose veins	☐ No	☐ yes
Heart rate after 5 minutes rest ……../min		
Blood pressure in supine position after 5 minutes rest Right arm ………/…….. mmHg Left arm ………/ ………mmHg Ankle …… / …….. mmHg		

9

4.1 12-lead resting ECG in supine position after 5 minutes rest

(Please attach print)

Heart rate ………. /min	
Rhythm/conduction ☐ normal	☐ abnormal, please specify: ☐ premature ventricular beats ☐ premature supraventricular beats ☐ supraventricular tachycardia ☐ atrial flutter/fibrillation ☐ delta wave ☐ atrio-ventricular block
please specify:	☐ first degree ☐ second degree type 1 ☐ second degree type 2 ☐ third degree
Time indices	PQ ……..ms QRS …….ms broader in V1 , V2 QTC …….Ms
Atrial enlargement ☐No	☐ yes, left (negative portion of the pwave in lead V1 >= 0.1 mv in depth and >=0.04 in duration) ☐ yes, right (peaked p wave in leads II and III or V1>=0.25mv in amplitude)
Depolarization / QRS complex	
Axis ☐ normal	☐ abnormal (>=+120’ or -30’ to 90’)
Voltage ☐ normal	☐ abnormal
LV hypertrophy ☐ no	☐ yes
Q wave ☐ normal	☐ abnormal (>0.04 s in duration or >25% of height of ensuing R wave or QS pattern in two or more leads)

10

Bundle branch block ☐ No ☐ yes, please specify:
☐ complete (>0.12 s) left
☐ complete (>0.12 s) right
☐ incomplete left anterior
☐ Incomplete left posterior
☐ incomplete right

R wave ☐ normal ☐ pathologic R or R' wave in lead V1
(>=0.5 mv in amplitude + R/s ratio =1>)
☐ others

Repolarisation (ST – segment, T waves, QT –interval)
☐ Normal ☐ abnormal, please specify:

Lead	I	II	III	aVR	aVL	AVF	V1	V2	V3	V4	V5	V6
ST – depression	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
ST – elevation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T wave flattening	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T wave inversion	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Summarizing assessment of ECG ☐ normal ☐ abnormal

If it's abnormal, please specify:

Signature of cardiologist

11

4.2 Echocardiography (Normal values of general population)

Please attach the file

Height :……… cm   Weight:……… kg
Body surface area (BSA):………m2
Left ventricular (LV) **End- diastolic diameter ………..cm/m2** (normal values:women 2.4-3.2 cm/m2 , men 2.2-3.1 cm/m2)
End – systolic diameter ……….. cm/m2 **End-diastolic interventricular septum thickness …………. cm/m2** (normal values:women <0.9 cm/m2 , men <1.0 cm/m2)
Diastolic posterior wall thickness ……….. cm/m2 (normal values:women <0.9 cm/m2 , men <1.0 cm/m2)
LV Diastolic volume …………. ml/m2 (normal values:women and men 35-75 ml/m2)
LV systolic volume ……… ml/m2 (normal values:women and men 12-30 ml/m2)
LV systolic volume ………… ml/m2 (normal values:women and men 12-30 ml/m2)
LVMMI (LV mass/BSA; linear method) ………. g/m2 (normal values: women<95 g/m2) men <115 g/m2)

12

Systolic function **Miteral anterior movement ……………….. mm**
Fraction shortening (endocardial) (normalvalues:women>27% and men >25%) …………**%**
Ejection fraction (simpson biplane or area length method)………. % (normal value: >=55%)
Regional wall motion ☐ normal ☐ abnormal
Diastolic function E wave …….. cm/s A wave ………. cm/s (E/A ratio) ………… Deceleration time ………….ms E' (tissue Doppler) septal………. cm/s Lateral wall ……….cm/s E/E'………………
Left atrium **Diameter** (m-mode,parasternal long axis) ……….. cm **Area** (4-chamber view) ……………… cm (normal value: <20 cm2) **Volume** (in simpson or area length method) ………….. ml/m2 (normal value: women and men <28ml/m2)

13

Right atrium /inferior vena cava

Area (4-chamber view) .... cm
IVC diameter **.............**cm
Respiratory variability of the IVC ☐ >50% ☐ <50%

Right ventricle

Mid-RV diameter (4-chamber view ,RVD 2) .... cm (normal value:<3.3 cm)
Base –to-apex length (4-chamber view ,RVD 3).......... cm(normal value:<7.9 cm)
Fac (fractional area change) .... % (normal value:>32%)
TAM (tricuspidal anterior motion) .... mm
Systolic RV/RA gradient **.............**mmHg
Regional wall motion ☐ normal ☐ abnormal
Local aneurysm ☐ no ☐ yes
Hypertrophy ☐ no ☐ yes
Free wall thickness **............**cm (normal :< 0.5 cm)

Cardiac valves

Aortic valve ☐ normal ☐ abnormal
Mitral valve ☐ normal ☐ abnormal
Tricuspid valve ☐ normal ☐ abnormal
Pulmonal valve ☐ normal ☐ abnormal

Specify abnormalities

Aortic root diameter (Aod,sinusvalsalva) .... cm
Aortic ascendens.................cm

Summarizing assessment of echocardiography ☐ **Normal** ☐ **Abnormal**

If it’s abnormal, please specify:

Signature of cardiologist

14

6.1 spinal column and pelvic level

Spine form ☐ normal ☐ flat
☐ hyper kyphosis
☐ hyper lordosis
☐ scoliosis

Pelvic level ☐ even ……….. cm lower ☐ right ☐ left

Sacroiliac joint ☐ normal ☐ abnormal

patrick's test

Right ☐ normal ☐ painful (location and type)……………

Left ☐ normal ☐ painful (location and type)……………

Gaensle'n test

Right ☐ normal ☐ painful

Left ☐ normal ☐ painful

Cervical rotation

Right …….' painful ☐ no ☐ yes

left …….' painful ☐ no ☐ yes

spinal flexion distance fingertips to floor …………….. cm

15

6.2 Examination of hip, groin and thigh

Flexibility of the hip

Flexion (passive)

Right ☐ normal ☐ limited ……’ painful ☐ no ☐ yes
Left ☐ normal ☐ limited ……’ painful ☐ no ☐ yes

Extension (passive)

Right ☐ normal ☐ limited ……’ painful ☐ no ☐ yes
Left ☐ normal ☐ limited ……’ painful ☐ no ☐ yes

Inward rotation (in 90’ flexion)

Right ……’ painful ☐ no ☐ yes
Left ……’ painful ☐ no ☐ yes

Outward rotation (in 90’ flexion)

Right ……’ painful ☐ no ☐ yes
Left ……’ painful ☐ no ☐ yes

Abduction

Right ……’ painful ☐ no ☐ yes
Left ……’ painful ☐ no ☐ yes

Tenderness on groin palpation

Right ☐ no ☐ pubis ☐ inguinal canal
Left ☐ no ☐ pubis ☐ inguinal canal

Hernia

Right ☐ no ☐ yes, please specify
Left ☐ no ☐ yes, please specify

Hamstrings

Right ☐ normal ☐ shortened painful: ☐ no ☐ yes
Left ☐ normal ☐ shortened painful: ☐ no ☐ yes

Iliopsoas

Right ☐ normal ☐ shortened painful: ☐ no ☐ yes
Left ☐ normal ☐ shortened painful: ☐ no ☐ yes

Rectus femoris

Right ☐ normal ☐ shortened painful: ☐ no ☐ yes
Left ☐ normal ☐ shortened painful: ☐ no ☐ yes

Tensor fascia latae muscle (iliotibial band)

Right ☐ normal ☐ shortened painful: ☐ no ☐ yes
Left ☐ normal ☐ shortened painful: ☐ no ☐ yes

16

6.3 Examination of knee

Knee joint axis
Right ☐ normal ☐ genu varum ☐ genu valgum
Left ☐ normal ☐ genu varum ☐ genu valgum

Flexion (passive)
Right ☐ normal ☐ limited ……' painful ☐ no ☐ yes
Left ☐ normal ☐ limited ……' painful ☐ no ☐ yes

Extension (passive)
Right ☐ 0' ☐ limited ……' painful ☐ no ☐ yes
hyper – extension ☐ ..'
Left ☐ 0' ☐ limited ……' painful ☐ no ☐ yes
☐ hyper – extension …..'

Lachman test
Right ☐ Normal ☐ Grade 1 (less than 5 mm) ☐ Grade 2 (5-10 mm) ☐ Grade 3 (more than 10 mm)
☐ No end point

Left ☐ Normal ☐ Grade 1 (less than 5 mm) ☐ Grade 2 (5-10 mm) ☐ Grade 3 (more than 10 mm)
☐ No end point

Anterior drawer sign (knee joint in 90' flexion)
Right ☐ normal ☐ + ☐ ++ ☐ +++
Left ☐ normal ☐ + ☐ ++ ☐ +++

Posterior drawer sign (knee joint in 90' flexion)
Right ☐ normal ☐ + ☐ + ☐ +++
Left ☐ normal ☐ + ☐ ++ ☐ +++

Valgus stress, in extension
Right ☐ normal ☐ + ☐ + ☐ +++
Left ☐ normal ☐ + ☐ ++ ☐ +++

Valgus stress, in 30' flexion
Right ☐ normal ☐ + ☐ ++ ☐ +++
Left ☐ normal ☐ + ☐ ++ ☐ +++

Varus stress ,in extension
Right ☐ normal ☐ + ☐ ++ ☐ +++
Left ☐ normal ☐ + ☐ ++ ☐ +++

Varus stress, in 30’ flexion				
Right	▢ normal	▢ +	▢ ++	▢ +++
Left	▢ normal	▢ +	▢ ++	▢ +++
Thessaly test,				
Right	▢ normal	▢ joint line discomfort	▢ locking	
Left	▢ normal	▢ joint line discomfort	▢ locking	

17

6.4 Examination of lower leg, ankle and foot

Tenderness of Achilles tendon
Right ☐ no ☐ yes
Left ☐ no ☐ yes

Anterior drawer sign
Right ☐ normal ☐ + ☐ ++ ☐ +++
Left ☐ normal ☐ + ☐ ++ ☐ +++

Dorsiflexion
Right ……' painful ☐ no ☐ yes
Left ……' painful ☐ no ☐ yes

Plantar flexion
Right ……' painful ☐ no ☐ yes
Left ……' painful ☐ no ☐ yes

Total supination
Right ☐ normal ☐ decreased ☐ increased
Left ☐ normal ☐ decreased ☐ increased

Total pronation
Right ☐ normal ☐ decreased ☐ increased
Left ☐ normal ☐ decreased ☐ increased

Metatarsophalengeal joint
Right ☐ normal ☐ pathological
Left ☐ normal ☐ pathological

6.5 Examination of Upper extremity

Active elevation
Right ▢ normal ▢abnormal, please specify:________________________ Left ▢normal ▢ abnormal, please specify:________________________
Active external rotation Right ▢ normal ▢abnormal, please specify:________________________ Left ▢normal ▢ abnormal, please specify:________________________
Active internal rotation Right ▢ normal ▢abnormal, please specify:________________________ Left ▢normal ▢ abnormal, please specify:________________________
Active ”compression” Right ▢ normal ▢abnormal, please specify:________________________ Left ▢normal ▢ abnormal, please specify:________________________
other Right ▢ normal ▢abnormal, please specify:________________________ Left ▢normal ▢ abnormal, please specify:________________________

19

5. **Blood results** (fasting)

Sedimentation rate	………mm/first hour	Potassium	…………mmol/l
Hematocrit	……………..%	Creatinine	………….mg/dl
Haemoglobin	……………g/dl	Cholesterol (total)	………….mg/dl
Erythrocytes	………….mg/dl	Glucose	………….mg/dl
Thrombocytes	………….mg/dl	LDL cholesterol	………….mg/dl
Leukocytes	………….mg/dl	HDL cholesterol	………….mg/dl
Sodium	…………mmol/l	Triglycerides	………….mg/dl
CRP	………….mg/l	IRON	………….mg/dl
SGOT	……………u/l	Ferritin	………….mg/l
SGPT	……………u/l	TIBC	
MCV		MCH	
MCHC		T3	
T4		TSH	
Creatine kinase		Magnesium	
ALK – p	……………u/l	Uric Acid	………….mg/dl
Serum Albumin		Hepatitis B	
Hepatitis C		HIV	
Urine test			
Blood Group and Rh			

These requested tests for women are mandatory:

Testosterone		17 OH PROGESTERON	
DHEA SO4			

20

CLEARANCE FORM

Medical history

☐ Normal
☐ eligible for football, follow – up required,
Please specify:
☐ Play not recommended
Please specify:...

Clinical examination

Normal ☐
☐ eligible for football, follow – up required,
Please specify:
☐ Play not recommended
Please specify:..

Orthopedic examination

Normal ☐
☐ eligible for football, follow – up required,
Please specify:
☐ Play not recommended
Please specify:...

12-lead resting ECG

☐ Normal
☐ eligible for football, follow – up required,
Please specify:
☐ Play not recommended
Please specify:..

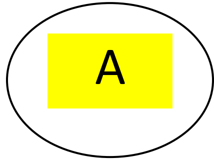
Echocardiography

Normal ☐
☐ Eligible for football, follow – up required,
Please specify:
☐ Play not recommended
Please specify:...

Other findings

☐ Normal
☐ Eligible for football, follow – up required,
Please specify:
☐ Play not recommended
Please specify:..

Eligibility for competitive football ☐ **YES** ☐ **NO**



6.5 Nutritional assessment

Weight:	Age :	Around wrist:	Height:	BMI:

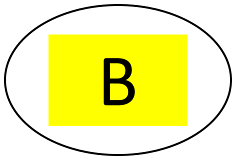
Skin folds assessment (mm)

Triceps				
Sub scapular				
Thigh				
Supra iliac				
Abdominal				
Axilla				
Pectoral				
Summation				
………….. % Body fat				

Please attach the body composition analyzer documents to this form

2.4 Nutritional history

Question	Answer	Details
Are you satisfied with your body weight?	☐ Yes ☐ No	Specify
Do you feel that you need to lose body weight?	☐ Yes ☐ No	Specify
Do you feel that you need to gain body weight?	☐ Yes ☐ No	Specify
What is your highest and lowest weight in the past year?		**Highest** **lowest**
Do you have an ideal range competition weight?	☐ Yes ☐ No	Specify
When the traditional competitive season is over and you reduce your training do you lose or gain weight?		Lose ☐ Yes ☐ No / Gain ☐ Yes ☐ No
Do you consciously watch your weight?	☐ Yes ☐ No	Specify
Do you restrict your food intake to be at your competitive weight?	☐ Yes ☐ No	Specify
Are you preoccupied with thinking about food and/or body?	☐ Yes ☐ No	Specify
Have you ever eaten a large amount of food rapidly and felt that this eating incident was excessive and out of control?	☐ Yes ☐ No	Specify
Have you ever purged (vomited, laxatives, diuretics) to control your weight?	☐ Yes ☐ No	Specify
Do you think you're eating habits are unusual?	☐ Yes ☐ No	Specify
Are there certain foods or food groups that you forbid yourself to eat?	☐ Yes ☐ No	Specify
Have you ever dieted?	☐ Yes ☐ No	If yes, at what age did you start dieting?
Are you a vegetarian or vegan?	☐ Yes ☐ No	Specify
Do you eat red meat?	☐ Yes ☐ No	Specify
Do you take an iron, calcium, vitamin D supplement?	☐ Yes ☐ No	Specify
Do you have or have you ever been diagnosed and/or treated with an eating disorder?	☐ Yes ☐ No	Specify
Have you ever felt encouraged to engage in binge eating, purging, or limiting calories?	☐ Yes ☐ No	Specify
Do you drink alcohol?	☐ Yes ☐ No	Specify
Do you use tobacco?	☐ Yes ☐ No	Specify
Have you taken or currently use performance – enhancing drugs?	☐ Yes ☐ No	Specify
Do you currently use recreational or street drugs?	☐ Yes ☐ No	Specify



2.5 Female Medical History

When was your most recent menstrual cycle?	Date……………	Any problems
Are you currently taking any female hormones, such as estrogen, progesterone, birth control for regulating your period?	☐ Yes ☐ No	Specify
When was your last pelvic exam and pap smear?	Date …………	Results
Have you ever been diagnosed with stress reaction or fracture?	☐ Yes ☐ No	Specify
Have you had a bone scan or MRI to rule out a stress fracture?	☐ Yes ☐ No	Specify
Have you ever had a bone density or DEXA scan to check the quality of your bones?	☐ Yes ☐ No	Specify
In the past 12 months have you had any of the following?		
Trouble with heavy menstrual bleeding	☐ Yes ☐ No	Specify
Bleeding between periods	☐ Yes ☐ No	Specify
Menstrual cramps/pain which affected your school or athletic performance?	☐ Yes ☐ No	Specify
Unusual discharge from your vagina	☐ Yes ☐ No	Specify
How many periods have you had in the past 12 months?		Specify
Longest time from one period to the next?		Specify
Have you ever gone more than 3 months between periods?	☐ Yes ☐ No	Specify
On an average how long has each period lasted?		Days ……….. week………….

Attach file No ☐ Yes ☐

Please attach the requested laboratory test to this form (it's mandatory)

Please attach the gender verification form (it's mandatory)

Doping History

Have you ever selected for doping control test?

☐ Yes ☐ No

What was the result?

☐ Negative ☐ Positive

If positive please specify……………………………..

Do you know about doping control process?

☐ Yes ☐ No

Do you know about prohibited list of WADA?

☐ Yes ☐ No

Did you participate in anti-doping courses?

☐ Yes ☐ No

Do you believe that supplements improve your performance?

☐ Yes ☐ No

Did you use any supplements in past season?

☐ Yes ☐ No

If yes please specify…………………………………………

Name of supplement	Brand	Manufacturer	Dose	Duration

Vaccination History

Td	Yes □ No □ date:……………….
Flu	Yes □ No □ date:……………….
Yellow fever	Yes □ No □ date:……………….
Hepatitis B	Yes □ No □ date:……………….
other	Specify:

Examination physician and institution

Name of the examining physician:

Address:

Phone No:

Fax No:

Email:

Date:

Signature: