



uOttawa
L'Université canadienne
Canada's university

Pre-Participation Health Questionnaire- returning athletes

University of Ottawa Gee Gees



Date : ____/____/____ Name: _____ Female Male

Date of Birth: ____/____/____ email: _____

SPORT: _____ Year : _____

Phone number: _____

Family Doctor's Name: _____ Phone No.: _____ City: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to you (parent, sibling) _____

Phone: Cell: _____ Home: _____ Business: _____

ALL INFORMATION WILL REMAIN CONFIDENTIAL

Please list

1) ALL medications and supplements you are taking : _____

2) Allergies : _____

In the last year, please list:

New injuries (including concussions): _____

New health problems: _____

New vaccines: _____

New health problems in your family: _____

*** Please use back of form if you need more space****