



College Connection Showcases: 2022 HEALTH FORM

College Connection Locations (circle location(s): Mid-West Showcase Northeast Showcase Mid-Atlantic Showcase

CC HEALTH FORM MUST BE HAND-CARRIED TO CHECK-IN

\*\* If you wish to supply a valid 2021-2022 signed school health/sports physical form, please complete the contact information below and sign, date the CC form by both the player and parent/guardian. Staple the school form to the back of the CC form and HAND-CARRY to check-in.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Applicant has had (please provide dates below or attach separate sheet)

Table with 3 columns: DISEASE, VACCINATION, IMMUNIZATION. Rows include Measles, Hepatitis B, Mumps, Whooping Cough, Chicken Pox, Tetanus, Diphtheria, Polio, TB Test.

PLEASE CHECK ANY OF THE APPLICANT'S HEALTH PROBLEMS IN THE PAST OR PRESENT AND GIVE THE YEAR. Have you ever had, or now have, any of the following?

Table with 4 columns: General, Yes, No, Briefly Explain. Rows include Asthma, Tuberculosis, Polio, Diabetes, Allergies (Medications, Food, Bee Stings), Fungus, Herpes, Staph (Boils), Cyst or Lumps, Spleen Injury, Contact Lenses.

Are you currently taking any medications, prescribed or otherwise? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

<b>Neurological</b>	<b>Yes</b>	<b>No</b>	<b>Briefly Explain</b>
Head Injury:	_____	_____	_____
Concussion	_____	_____	_____
Nose Fracture	_____	_____	_____
Neck Injury	_____	_____	_____
Heat Problems	_____	_____	_____

<b>Cardiopulmonary</b>	<b>Yes</b>	<b>No</b>	<b>Briefly Explain</b>
Chest Pains	_____	_____	_____
Palpitations	_____	_____	_____
Shortness of Breath	_____	_____	_____
High Blood Pressure	_____	_____	_____
Heart Murmur	_____	_____	_____
Fainting	_____	_____	_____

<b>Orthopedic</b>	<b>Yes</b>	<b>No</b>	<b>Briefly Explain</b>
Foot/Ankle	_____	_____	_____
Lower Leg/Knee	_____	_____	_____
Thigh/Hip/Groin	_____	_____	_____
Back/Ribs	_____	_____	_____
Neck/Shoulder	_____	_____	_____
Arm/Elbow/Wrist	_____	_____	_____
Hand/Fingers	_____	_____	_____
Other	_____	_____	_____

**Please list any other pertinent medical history:** \_\_\_\_\_

Current Vitals: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

The above named individual has had a physical examination and is cleared for activity at the College Connection Showcase.

**\*Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\* If a signed school form is **NOT** attached, this document **must be signed/stamped to be valid**

**HCP Name (Printed):** \_\_\_\_\_

**HCP Address:** \_\_\_\_\_ **HCP Phone:** \_\_\_\_\_

**\*\* Participant:** The responses to the questions on this form are correct to the best of my knowledge.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Must be signed to be valid**

**\*\*\* Parent/Guardian:**

**I understand and accept that risk of injury is possible while playing or practicing the sport of field hockey. I authorize the directors to act for me according to their best judgment in any emergency requiring medical attention.**

**Parent and/or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Must be signed to be valid**