



95 Morse Street, Norwood, MA 02062 www.bostonmilitia.com

MEDICAL HISTORY FORM – 2010 Season

Name of Participant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Height: _____ Weight: _____ D.O.B.: _____

Current Employer: _____

College: _____

Health Insurance Carrier: _____ Group ID: _____

Primary Care Physician: _____ Phone: _____

Date and Reason of last Doctor's visit: _____

Current Injuries: _____

Previous Injuries: _____

Do You Have Asthma? **Y N**

Do You Have Diabetes? **Y N**

Are You Hypoglycemic? **Y N**

Do You Smoke? **Y N**

Do You Wear Contacts? **Y N**

Are You Pregnant? **Y N**

Are You Allergic To Any Medications? **Y N**

If Yes, Please List: _____

Are You Taking Any Medications? **Y N**

If Yes, Please List: _____

Do You Have A Medical Condition Not Mentioned Above? **Y N**

If Yes, Please Explain:

Are you physically and medically fit to play and/or coach (as applicable) contact football without any accommodation? **Y N**

If No, Please Explain:

If you are a player or prospective player, were you born a female? **Y N**

Emergency Contact: _____ Phone: _____

Relationship To Contact: _____

Have you tried out with the Boston Militia in the past? **Y N**

If so, when?: _____

Previous Football Experience: _____

Position(s) Desired: _____

High School/College/Pro Athletic Experience: _____

X _____ **DATE:** _____
Signature of Participant

For Boston Militia Personnel Use Only

Tryout Number: _____

T-Shirt Size: S/M/L/XL/XXL

Photocopy of Driver's License: Yes/No

Photocopy of Insurance Card: Yes/No

X _____
Authorized To Play and/or Coach (as applicable)