



95 Morse Street, Norwood, MA 02062 [www.bostonmilitia.com](http://www.bostonmilitia.com)

**MEDICAL HISTORY FORM – 2012 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:

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

If No, Please Explain:

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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: \_\_\_\_\_

By signing below, you certify the above information is accurate and complete and you also authorize the Boston Militia to release to, or obtain from, any health care provider information concerning your medical history or any injuries or other health or medical issues arising or concerning you during the period that you are associated in any way with Boston Militia or pertaining to that period.

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)**