



2017 North American Indigenous Games Athlete Medical Form

(Due no later than February 1, 2017)

NAIG Sport: _____ Age Division: _____

Athlete First Name(s): _____ Athlete Last Name: _____

Gender: Male Female D.O.B: (MM) _____ (DD) _____ (YYYY) _____

Athlete Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Athlete Ancestry Information (Circle): Treaty Metis Dene Inuit Other: _____

Card Number: _____

6 Digit Medical Number: _____ 9 Digit Number: _____

Does the athlete have any extra health insurance? Yes No

If yes, What is the name of the company? _____

Details about coverage, including Insurance number: _____

Athlete Medical History

Does the athlete have:

Glasses Yes No

Contact Lenses Yes No

Hearing Aids Yes No

Diabetes Yes No If yes, give details about their diet, medication, etc: _____

Asthma Yes No Does the athlete carry an inhaler, what type and how often do they use it: _____

Blood Conditions Yes No If yes, explain: _____

Environmental Allergies Yes No If yes, explain: _____

Food Allergies Yes No If yes, explain: _____

Insect/Pet Allergies Yes No If yes, explain: _____

Medication Allergies Yes No If yes, explain: _____

Does the athlete carry an epi-pen? Yes No If yes, explain what type and where the athlete keeps it in case of an emergency: _____

Current Medication

Is the athlete currently on medication? If yes, what type and dosage (*include dietary supplements, birth control*): _____

*****NOTE: IF THE ATHLETE WILL BE BRINGING ANY MEDICATION TO THE GAMES, YOU MUST NOTIFY YOUR COACH AND SPORT MANAGER! THIS INCLUDES OVER THE COUNTER MEDICATION*****

Past/Current Injuries

Has the athlete had any major injuries in the last 6 months? Yes No If yes, what type of injury was it and how long was the athlete out of play: _____

Does the athlete wear any sport braces during competition? Yes No If yes, explain: _____

****NOTE: IF THE ATHLETE SUSTAINS ANY MAJOR OR MINOR INJURIES AFTER SUBMISSION OF THIS FORM, YOU MUST NOTIFY THE COACH OR SPORT MANAGER AS SOON AS POSSIBLE****

Notes: _____

Emergency Contacts for duration of the 2017 NAIG Games (July 15 – 23, 2017)

Full Name: _____ Relationship to Athlete: _____

Cell Phone: _____ Phone 2: _____

Will the above emergency contact be attending the 2017 NAIG Games? Yes No

If Emergency contact 1 cannot be reached, who should we contact:

Full Name: _____ Relationship to Athlete: _____

Cell Phone: _____ Phone 2: _____

Will the above contact be attending the 2017 NAIG Games? Yes No

All information will be kept confidential and will be shredded upon completion of the 2017 North American Indigenous Games. Only authorized Team Manitoba staff will have access to this information.

If anything changes in regards to allergies, medication, injuries, etc. Please inform the sport manager, coach or the Team Manitoba Manager.

Signature: _____ Date: _____

(Parent/Guardian if under 18 years of age)