



# Manatee County Youth Rowing Medical History Form

Athlete's Name (Print) \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Does your athlete have any medical problems? (e.g. diabetes, asthma, seizure disorder, etc)      **Yes**       **No**

If YES, list any medical problem(s):

\_\_\_\_\_

Does your athlete take any medication?      **Yes**       **No**

If YES, list medication(s) with dosages and frequency of dosage:

\_\_\_\_\_

Does your athlete have any allergies?      **Yes**       **No**

If YES, list allergies:

\_\_\_\_\_

Has your athlete suffered any injuries in the last 18 months?      **Yes**       **No**

If YES, list injuries:

\_\_\_\_\_

Will these medical problem(s), your athlete's use of medication, allergies, injuries, etc. affect your athlete while he/she is rowing, running, or swimming?      **Yes**       **No**

If YES, what precautions should be taken while your athlete is rowing, running, or swimming?

\_\_\_\_\_

Is there anything else that you feel Manatee County Youth Rowing coaches should know about your athlete's health condition?      **Yes**       **No**

If YES, please explain:

\_\_\_\_\_

Date of last physical exam (must be within one year to participate in rowing) \_\_\_\_\_