



## CINCINNATI TRAILBLAZERS Medical Profile

### Physical

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ male/female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Wears Contacts? Yes / no

Current Medical Conditions: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Previous Sports Injuries: \_\_\_\_\_

Any other medical condition we should be aware of in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

### Report of Physician

Dear Doctor:

\_\_\_\_\_ has applied to try out for the Cincinnati Trailblazers athletic team and will potentially play the 2018-2019 season. We are requiring that athletes have a completed physical by their physician and completed medical clearances to play in the program. By completing this form, you are certifying that your patient is in good physical condition to participate in training, practices and games. If you know of any medical or other reasons why participation in the program by the applicant would be unwise, please indicate so on this form.

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I believe the applicant can participate, but I urge caution due to:

\_\_\_\_\_ The applicant should not engage in the following activities:

\_\_\_\_\_ I recommend that the applicant NOT participate at this time.

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_