

# HICKORY WILLOW SWIM ASSOCIATION



## MEDICAL FORM



**FAMILY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**PHONE** (     ) \_\_\_\_\_ **EMERGENCY PHONE** (     ) \_\_\_\_\_

MEDICAL HISTORY - PLEASE ANSWER **YES OR NO** TO THE FOLLOWING QUESTIONS FOR EACH SWIMMER LISTED. ALL INFO WILL BE KEPT STRICTLY CONFIDENTIAL.

HAS SWIMMER EVER BEEN TREATED FOR OR HAD ANY KNOWN INDICATION OF THE FOLLOWING: **SWIMMER'S NAME**  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

1. DIZZINESS, FAINTING, CONVULSIONS, HEADACHES, PARALYSIS, STROKE, OR OTHER MENTAL OR NERVOUS DISORDER? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

2. DISORDER OF EYES, EARS, NOSE OR THROAT? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

3. SHORTNESS OF BREATH, PERSISTENT HOARSENESS OR COUGH, BLOOD SPITTING, PLEURISY, ASTHMA, TUBERCULOSIS, OR OTHER RESPIRATORY DISORDER? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

4. CHEST PAIN, HIGH BLOOD PRESSURE, RHEUMATIC FEVER, HEART MURMUR, HEART ATTACK, OR OTHER DISORDER OF THE HEART OR BLOOD VESSELS? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

5. HERNIA, APPENDICITIS, COLITIS, DIVERTICULITIS, RECURRENT INDIGESTION, OR OTHER DISORDER OF THE STOMACH, LIVER, INTESTINES, OR GALLBLADDER? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

6. DIABETES, THYROID, OR OTHER ENDOCRINE DISORDER? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

7. ALLERGIES, ANEMIA, OR OTHER DISORDER OF THE BLOOD? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

8. DISORDER OF SKIN, LYMPH GLANDS, CYST, TUMOR, OR CANCER? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

9. HAVE YOU BEEN EXPOSED TO ANYONE WHO HAS TESTED POSITIVE, OR HAVE YOU YOURSELF TESTED POSITIVE FOR HIV-AIDS VIRUS? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

10. ARE YOU PRESENTLY UNDER OBSERVATION, OR TAKING MEDICATION/TREATMENTS FOR ANY OF THE ABOVE? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

IF YOU'VE ANSWERED **YES** TO ANY QUESTION, PLEASE EXPLAIN IN DETAIL ON THE REVERSE.