



Malaspina University-College
Physical Education Student Medical History Form



Note: The information on this form is collected under the authority of the College and Institute Act. The information provided will be used only by Physical Education faculty in planning and delivery of safe educational experiences.

Name _____

Address _____

City _____ Postal Code _____ Phone () _____

In case of emergency contact: Name _____ Phone () _____

Address _____ Postal Code _____

Family Physician _____ Phone () _____

I Please indicate below any medical condition or background that faculty should be informed of, particularly with reference to your involvement and participation in performance/analysis courses.

II Do you take regular medications?

If yes, please give details.

III What major surgery or injuries have you had in the past?

IV In case of injury is there any additional information that should be known.

WAIVER FORM:

I, _____, hereby acknowledge that participation in Physical Education activity programs and courses involves a certain degree of danger. Risks include severe injury, even loss of life. I hereby accept the risks and dangers of participation in activities in the Physical Education courses, regardless of the nature of injury(ies) I may receive and regardless of the manner in which they occur. I further certify that I will be in such condition so as not to present any undue health or injury risk to others or myself while taking part in the said program. The above being fully acknowledged, I hereby release Malaspina University-College, its employees, volunteer staff, officers and agents from any and all claims, damages, and expenses upon my death, bodily or mental injury, or damage to my property or that property entrusted to my care, that takes place as result of participation in the designated activity.

I have read and fully understand the contents herein. Dated at _____, British Columbia on the _____ of _____, 20 _____.

Signed: _____ Witnessed by: _____

Name (print): _____

Address: _____

_____ Postal Code _____