



**Pre Participation Medical Questionnaire  
Team Canada Men's Volleyball  
Centralized Training**

**This form should be completed by the athlete and presented to  
the physician during his medical check up**

Player I.D. \_\_\_\_\_

**Section A**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Home Phone#(\_\_\_\_) \_\_\_\_\_ Postal Code: \_\_\_\_\_

Health Care # \_\_\_\_\_ Province: \_\_\_\_\_

**In Case of Emergency Notify:** 1)Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

2)Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Family Physician's Name: \_\_\_\_\_ Date of last Physical: \_\_\_\_\_

Physician's address and phone number: \_\_\_\_\_

Insurance Policy information: \_\_\_\_\_

**Please circle "Y" or "N" for questions listed below**

**YES NO**

**Explain "Yes" answers in space provided**

1. Have you ever been hospitalized?..... Y N  
(List \_\_\_\_\_)

2. Are you presently taking any prescribed medications or pills?..... Y N  
(*eg. Inhalers, insulin, anti inflammatories, antibiotics etc.*)  
(List \_\_\_\_\_)

3. Do you take any vitamins, supplements or other over the counter medications?  
(*eg. Herbs, protein powders, creatine supplement, iron supplement, steroids etc.*).... Y N  
(List and reason for use (*weight loss, performance enhancement, increase muscle mass, illness prevention etc*) \_\_\_\_\_)

4. Are you allergic to any medication?  
(*eg. aspirin, sulfa, penicillin etc.*)..... Y N  
(List \_\_\_\_\_)

5. Have you ever been dizzy during or after exercise?..... Y N

6. Have you ever fainted during or after exercise?..... Y N
7. Do you tire quickly during exercise?..... Y N
8. Have you ever had high blood pressure?..... Y N
9. Have you ever been diagnosed with a heart condition eg. murmur?..... Y N
10. Have you ever had racing of your heart or skipped heartbeats?..... Y N
11. Has anyone in your family died of heart related problems or sudden death before the age of 50?..... Y N
12. Have you ever had skin problems?( *eg. rashes, itching,warts etc.*)..... Y N  
(List \_\_\_\_\_)
13. Have you ever had heat or muscle cramps?..... Y N
14. Have you ever been dizzy or fainted in the heat?..... Y N
15. Do you have trouble breathing or cough during or after activity?..... Y N
16. Do you use any special equipment while practicing or competing?  
(*eg. ankle brace, knee braces, orthotics, neoprene sleeve*)..... Y N  
(List \_\_\_\_\_)
17. Do you have dental appliances permanent or removable?  
(*eg. braces, mouth guard etc*)..... Y N  
(List \_\_\_\_\_)
18. Have you had or do you have any problems with your eyes or vision?..... Y N
19. Do you wear glasses or contacts or protective eyewear while practicing or competing?..... Y N
20. Have you had or currently have any other medical problems?  
(*eg. Infectious mononucleosis, diabetes, ulcers, pneumonia etc*)..... Y N  
(List \_\_\_\_\_)
21. Do you have any congenital abnormalities?..... Y N  
(List \_\_\_\_\_)
22. Have you ever been diagnosed as having a growth disorder?  
(*eg. Osgood Schlatter's*)..... Y N  
(List \_\_\_\_\_)
23. Do you have any food or environmental allergies?  
(*eg. Peanuts, bee stings etc*) ..... Y N  
(List \_\_\_\_\_)
24. Have you had a significant weight loss or gain in the past year? \_\_\_\_\_

## **Section B**

Height(centimetres): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Month / Day / Year*

How many years/seasons have you played with Team Canada Volleyball: \_\_\_\_\_

How many years/seasons have you played University Volleyball: \_\_\_\_\_

How many years/seasons have you played Volleyball in a professional league: \_\_\_\_\_

**ANKLE INJURIES:**

Have you ever had an ankle injury?

**YES NO**

If "yes" please list:

Inversion sprain(R/L)\_\_\_\_\_

Fracture fibula(R/L)\_\_\_\_\_

Eversion sprain(R/L)\_\_\_\_\_

Fracture tibia(R/L)\_\_\_\_\_

Lateral Malleolar Fracture (R/L)\_\_\_\_\_

Stress fracture\_\_\_\_\_(specify bone / region)

Medial Malleolar Fracture (R/L)\_\_\_\_\_

Other\_\_\_\_\_

*(define "other")*

\*Please ensure you explain any of the above mentioned injuries in space provided below

Date(s) approximate   resolved /unresolved   Volleyball related   Type of injury

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**SHOULDER INJURIES:**

Have you ever had a shoulder injury?

**YES NO**

If "yes" please list:

Dislocation(R/L)\_\_\_\_\_

Sub deltoid bursitis(R/L)\_\_\_\_\_

Subluxation(R/L)\_\_\_\_\_

Long head of bicep tendinopathy(R/L)\_\_\_\_\_

Rotator cuff tendinopathy(R/L)\_\_\_\_\_

Acromioclavicular separation(R/L)\_\_\_\_\_

Other\_\_\_\_\_

*(define "other")*

\*Please ensure you explain any of the above mentioned injuries in space provided below

Date(s) approximate   resolved /unresolved   Volleyball related   Type of injury

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**BACK AND NECK INJURIES:** (cervical,mid back,lowback)

Have you had any back or neck injuries? **YES NO**

If "yes" please list:

- Disc herniation (level)\_\_\_\_\_ Sacroiliac sprain (R/L)\_\_\_\_\_
- Muscle strain (which one)\_\_\_\_\_ Facet joint irritation (level)(R/L)\_\_\_\_\_
- Rib Subluxation(level)(R/L)\_\_\_\_\_ Other \_\_\_\_\_(define "other")

\*Please ensure you explain any of the above mentioned injuries in space provided below

Date(s) approximate resolved/unresolved Volleyball related Type of injury

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**THIGH OR GROIN INJURIES:**

Have you ever had a hip or groin injury **YES NO**

If "yes" please list:

- Adductor strain(R/L)\_\_\_\_\_ Hamstring strain(R/L)\_\_\_\_\_
- Hip Flexor strain(R/L)\_\_\_\_\_ Osteitis pubis \_\_\_\_\_
- Quadriccep strain(R/L)\_\_\_\_\_ Trochanteric bursitis(R/L)\_\_\_\_\_
- Other \_\_\_\_\_(define "other")

\*Please ensure you explain any of the above mentioned injuries in space provided below

Date(s) approximate resolved/unresolved Volleyball related Type of injury

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**KNEE INJURIES:**

Have you ever had a knee injury? **YES NO**

If "yes" please list:

- Medial collateral ligament(R/L)\_\_\_\_\_ PCL(R/L)\_\_\_\_\_
- Lateral collateral ligament(R/L)\_\_\_\_\_ ACL(R/L)\_\_\_\_\_
- Medial meniscal tear (R/L)\_\_\_\_\_ Patellofemoral pain syndrome(R/L)\_\_\_\_\_
- Lateral meniscal tear(R/L)\_\_\_\_\_ Patellar tendinopathy/jumper knee(R/L)\_\_\_\_\_
- Iliotibial band friction syndrome(R/L)\_\_\_\_\_
- Other \_\_\_\_\_(define "other")

\*Please ensure you explain any of the above mentioned injuries in space provided below

Date(s) approximate resolved/unresolved Volleyball related Type of injury

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All other injuries, please check any of the areas that you **have injured in the past and explain that injury below**

Hand/fingers \_\_\_ (*fractures?*)      Elbow \_\_\_      Thigh \_\_\_  
Wrist \_\_\_      Arm \_\_\_      Shin / Calf \_\_\_      Head \_\_\_  
Forearm \_\_\_      Chest \_\_\_      Ankle \_\_\_      Foot \_\_\_  
Concussion \_\_\_  
Other \_\_\_ (define "other")

\*Please ensure you explain any of the above mentioned injury in space provided below

Year of injury    Type of injury    Side ( right/left/both)    resolved/unresolved

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