

# DANVILLE FAMILY YMCA SWIM TEAM MEDICAL QUESTIONNAIRE

Swimmer's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Please circle "yes" or "no" and provide additional details where requested.

1. Are you allergic to any medication (Asprin, Penicillin, etc.)?  
YES NO (List) \_\_\_\_\_
2. Do you take any medication on a regular basis?  
YES NO (List) \_\_\_\_\_
3. Have you ever been told by a doctor that you have asthma?  
YES NO (Medication) \_\_\_\_\_
4. Have you ever been treated for diabetes?  
YES NO (Medication) \_\_\_\_\_
5. Do you have or have you ever had any of the following?  
Heart Disease YES NO Type & Date \_\_\_\_\_  
Lung Disease YES NO Type & Date \_\_\_\_\_  
Kidney Disease YES NO Type & Date \_\_\_\_\_  
Liver Disease YES NO Type & Date \_\_\_\_\_
6. Have you ever had an epileptic seizure? YES NO
7. Do you have or have you had high blood pressure? YES NO
8. Do you have any other medical or physical problems we should know about?  
\_\_\_\_\_

Please sign this form after reading the following statement.

I give the Danville Family YMCA swim coach permission to authorize medical treatment to my child in the event of my absence.

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_

Relationship to swimmer \_\_\_\_\_ Date \_\_\_\_\_