MEDICAL EXAMINER'S REPORT FORM

(All questions must be answered in ink)

ALL following sections to be completed by Medical Examiner on examination of player.

SECTION 1				
PROPOSED INSURED				
1. Name in full:				
2. Date of Birth/Age:				
3. Name of Team:		-	Professional College Other (Please State)	
4. Position:				
5. Have you examined an	d/or treated this patient in the past	?	YES, forNO	_ (number of) years
SECTION 2				
sufficient space, please us	ng questions and give details and one se space provided on Page 10 or a sed suffered discomfort, injury or	ittach your a	nswers on a separate	sheet.
HEAD	Yes No	Normal Exa	am Result:	Yes No
Date(s)	Details (discomfort, injury or treatment	Details of a	iny surgery:	
		Current Pro	ognosis:	
PROPOSED INSURED:			Date of Birth: /	/

treatment Current Prognosis: RIGHT SHOULDER	NECK	Yes No	Normal Ex	cam Result:	Yes	☐ No		
RIGHT SHOULDER	Date(s)		Details of any surgery:					
RIGHT SHOULDER		treatment						
RIGHT SHOULDER								
RIGHT SHOULDER								
RIGHT SHOULDER								
Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: LEFT SHOULDER Petails (discomfort, injury or treatment Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:			Current Pr	rognosis:				
Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: LEFT SHOULDER Petails (discomfort, injury or treatment Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:								
Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: LEFT SHOULDER Petails (discomfort, injury or treatment Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:								
Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: LEFT SHOULDER Petails (discomfort, injury or treatment Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:								
Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: LEFT SHOULDER Petails (discomfort, injury or treatment Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:								
Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: LEFT SHOULDER Petails (discomfort, injury or treatment Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:								
treatment Current Prognosis: LEFT SHOULDER No Normal Exam Result: Yes No Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis:	RIGHT SHOULDER	Yes No	Normal Ex	cam Result:	Yes	☐ No		
Current Prognosis: Current Prognosis:	Date(s)		Details of	any surgery:				
LEFT SHOULDER		treatment						
LEFT SHOULDER								
LEFT SHOULDER								
LEFT SHOULDER								
Details (discomfort, injury or treatment Current Prognosis:			Current Pr	rognosis:				
Details (discomfort, injury or treatment Current Prognosis:								
Details (discomfort, injury or treatment Current Prognosis:								
Details (discomfort, injury or treatment Current Prognosis:								
Details (discomfort, injury or treatment Current Prognosis:								
Details (discomfort, injury or treatment Current Prognosis:		-						
treatment Current Prognosis:	LEFT SHOULDER					☐ No		
Current Prognosis:	Date(s)		Details of	any surgery:				
		liealifierit						
PROPOSED INSURED: Date of Birth: / /			Current Prognosis:					
PROPOSED INSURED: Date of Birth: / /			+					
PROPOSED INSURED: Date of Birth: / /								
PROPOSED INSURED: Date of Birth: / /								
PROPOSED INSURED: Date of Birth: / /								
PROPOSED INSURED: Date of Birth: / /								
	PROPOSED INSURED:			Date of Birth:	/ /			

CHEST (including rib	s) Yes No	Normal Exa	am Result:	Yes	☐ No		
Date(s)	Details (discomfort, injury or	Details of a	any surgery:				
	treatment						
							
		Current Pro	ognosis:				
UPPER BACK (The		No Normal Ex	am Result:	Yes	☐ No		
Date(s)	Details (discomfort, injury or treatment	Details of a	any surgery:				
	пеаннен						
		Current Pro	Current Prognosis:				
LOWER BACK (Lu Coccyx tail bone)		No Normal Exa		Yes	☐ No		
Date(s)	Details (discomfort, injury or	Details of a	Details of any surgery:				
	treatment						
		Current Pro	Current Prognosis:				
			<u> </u>				
PROPOSED INSU	IRED:		Date of Birth:	/ /			

PELVIS/HIPS (incl. groin - s	specify side) Yes No	Normal Exa	am Result:	Yes	☐ No
Date(s)	Details (discomfort, injury or treatment	Details of a	any surgery:		
		Current Pro	ognosis:		
ABDOMEN (incl. stomach)		Normal Ex		Yes	☐ No
Date(s)	Details (discomfort, injury or treatment	Details of a	any surgery:		
		Current Pro	ognosis:		
RIGHT ARM (incl. elbow)	Yes No	Normal Ex	am Result:	Yes	☐ No
Date(s)	Details (discomfort, injury or treatment	Details of a	any surgery:		
		Current Pro	ognosis:		
PROPOSED INSURED:			Date of Birth:	/ /	

Treatment Current Prognosis: Current Prognosis: RIGHT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Normal Exam Result: Yes No Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Date(s) Details (discomfort, injury or treatment) Current Prognosis: Current Prognosis: Current Prognosis:	LEFT ARM (incl. elbow)	Yes No	Normal Exa	am Result:	Yes	☐ No	
RIGHT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Interest Prognosis:	Date(s)		Details of a	any surgery:			
RIGHT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Date(s) Details (disconfort, injury or treatment		treatment					
RIGHT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Date(s) Details (disconfort, injury or treatment							
RIGHT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Date(s) Details (disconfort, injury or treatment							
RIGHT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Date(s) Details (disconfort, injury or treatment							
RIGHT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Date(s) Details (disconfort, injury or treatment			Current Dr	nan nain.			
Date(s) Details (discomfort, injury or treatment Current Prognosis: LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:			Current Pro	ognosis.			
Date(s) Details (discomfort, injury or treatment Current Prognosis: LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:							
Date(s) Details (discomfort, injury or treatment Current Prognosis: LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:							
Date(s) Details (discomfort, injury or treatment Current Prognosis: LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:							
Date(s) Details (discomfort, injury or treatment Current Prognosis: LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:							
Date(s) Details (discomfort, injury or treatment Current Prognosis: LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:							
Date(s) Details (discomfort, injury or treatment Current Prognosis: LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Nothumb) Date(s) Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:	RIGHT HAND (incl. wrist, fin	ngers & Yes No	Normal Exa	am Result:	Yes	☐ No	
Current Prognosis: Current Prognosis: Current Prognosis: Details (discomfort, injury or treatment Current Prognosis: Current Prognosis: Current Prognosis:	Date(s)		Details of a	any surgery:			
LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Nothumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:		treatment					
LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Nothumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:							
LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Nothumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:							
LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Nothumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:							
LEFT HAND (incl. wrist, fingers & Yes No Normal Exam Result: Yes No Notmal Exam Result: Yes No No No Notmal Exam Result: Yes No No N			Current Dr	nan nain.			
thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:			Current Prognosis.				
thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:							
thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:							
thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:							
thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:							
thumb) Date(s) Details (discomfort, injury or treatment Current Prognosis:							
treatment Current Prognosis:	LEFT HAND (incl. wrist, fingethumb)	ers & Yes No	Normal Exa	am Result:	Yes	☐ No	
Current Prognosis:	Date(s)		Details of a	any surgery:			
		treatment.					
			Current Prognosis:				
PROPOSED INSURED: Date of Birth: / /							
PROPOSED INSURED: Date of Birth: / /							
PROPOSED INSURED: Date of Birth: / /							
PROPOSED INSURED: Date of Birth: / /							
PROPOSED INSURED: Date of Birth: / /							
PROPOSED INSURED: Date of Birth: / /							
	PROPOSED INSURED:			Date of Birth:	/ /		

RIGHT THIGH	(incl. hamstrin	ng)	Yes	<u> </u>	lo Normal	Exam Result:		Yes	☐ No
Date(s)		Details (disco treatment	mfort, inju	ry or	Details	of any surgery:			
	- - - -				Curren	t Prognosis:			
	- - - -								
LEFT THIGH (i) Details (disco	Yes			Exam Result: of any surgery:		Yes	☐ No
		treatment	- · · · · · · ·						
	- -				0	4 Dun van seine			
	- - -				Curren	t Prognosis:			
	- - -								
RIGHT KNEE Date(s)		Details (disco	Yes Yes			Exam Result:		Yes	☐ No
		treatment	minort, inju		Details	or any surgery.			
	-								
	- -				Curren	t Prognosis:			
	- - -								
	-								
PROPOSED II	NSURED:					Date of Birt	th: /	/	

LEFT KNEE	Ξ	Yes	☐ No	Normal Exa	am Result:	Y	es		No
Date(s)		Details (discomfort, injur	y or	Details of a	ny surgery:				
		treatment							
				Current Pro	ognosis:				
RIGHT LOV	WER LEG incl. a	ankle & Yes	☐ No	Normal Exa	am Result:	Y	es		No
Date(s)		Details (discomfort, injur	y or	Details of a	ny surgery:				
		treatment							
			Current Prognosis:						
Achilles tendo	ER LEG incl. an n)	ıkle & Yes	∐ No	Normal Exa	am Result:	☐ <i>Y</i>	es	Ш	No
Date(s)	,	Details (discomfort, injur treatment	y or	Details of a	ny surgery:				
				Current Bro	agnosia:				
				Current Pro	ognosis.				
									_
PROPOSE	D INSURED:				Date of Birth:	/	/		

RIGHT FOOT	Yes	No	Normal Exa	am Result:	Ye	es [No
Date(s)	Details (discomfort, injury or		Details of a	any surgery:			
	treatment						
			Current Pro	oanoeie:			
			Current	<u></u>			
LEFT FOOT	Yes	No	Normal Exa	am Result:	☐ Ye	s [No
Date(s)	Details (discomfort, injury or		Details of a	ny surgery:			
	treatment						
			Current Pro	oanosis:			
<u> </u>							
				Γ			
PROPOSED INSURED:				Date of Birth:	/ /		

SECTION 3			
1. Height:		2. Weight:	
3. Blood Pressure:		_4. Pulse:	
5. Please tick the appropriate box:			
	Normal	Abnormal	Comments
Head, Eyes, Ears, Nose & Throat			
Skin			
Lungs			
Heart			
EKG			
Abdomen			
Genitalia			
Eyes			
		,	
On completion of physical examination, overall im	npression w	rith regard to	player's ability to continue his career.
As a physician, please state your relationship to the Physician etc.?	he propose	d insured, i.e	e. Personal Physician, Team
on the day of individu	ual's office	_	lual's home Other-
	-		
EXAMINER'S SIGNATURE Examiner's Address:		APPLICAN	T'S SIGNATURE
LAAIIIIIEI 5 AUUIE55.	- - -	APPLICAN	T'S FULL NAME
PROPOSED INSURED:			Date of Birth: / /

Give complete details of any 'YES' or 'NO' answers to question in the Personal Medical History Form. (Attach separate sheet if necessary)

Name and address of

doctor and medical facility

Details - include diagnosis,

treatment, duration and results

Sect#

Qu#

		<u> </u>	Γ		
PROPOSE	D INSURED:		Date of Birth:	/	/