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 and/or treated this patient in the past? ☐ YES, for _____ (number of) years ☐ NO

SECTION 2

Please answer the following questions and give details and dates where appropriate. If there is not sufficient space, please use space provided on Page 10 or attach your answers on a separate sheet.

Has the proposed insured suffered discomfort, injury or required treatment to any of the following?

HEAD ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery: _____
		Current Prognosis: _____

PROPOSED INSURED: _____	Date of Birth: / /

NECK	☐ Yes ☐ No	Normal Exam Result:	☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:	
		Current Prognosis:	

RIGHT SHOULDER	☐ Yes ☐ No	Normal Exam Result:	☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:	
		Current Prognosis:	

LEFT SHOULDER	☐ Yes ☐ No	Normal Exam Result:	☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:	
		Current Prognosis:	

PROPOSED INSURED:		Date of Birth: / /

CHEST (including ribs) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

UPPER BACK (Thoracic Spine) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

LOWER BACK (Lumber Spine incl. Coccyx tail bone) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

PROPOSED INSURED:	Date of Birth: / /

PELVIS/HIPS (incl. groin - specify side) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

ABDOMEN (incl. stomach) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

RIGHT ARM (incl. elbow) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

PROPOSED INSURED:	Date of Birth: / /

LEFT ARM (incl. elbow) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

RIGHT HAND (incl. wrist, fingers & thumb) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

LEFT HAND (incl. wrist, fingers & thumb) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

PROPOSED INSURED:	Date of Birth: / /

RIGHT THIGH (incl. hamstring) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

LEFT THIGH (incl. hamstring) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

RIGHT KNEE ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

PROPOSED INSURED:	Date of Birth: / /

LEFT KNEE ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

RIGHT LOWER LEG incl. ankle & Achilles tendon) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

LEFT LOWER LEG incl. ankle & Achilles tendon) ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

PROPOSED INSURED:	Date of Birth: / /

RIGHT FOOT ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

LEFT FOOT ☐ Yes ☐ No		Normal Exam Result: ☐ Yes ☐ No
Date(s)	Details (discomfort, injury or treatment	Details of any surgery:
		Current Prognosis:

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 impression with regard to player's ability to continue his career.

As a physician, please state your relationship to the proposed insured, i.e. Personal Physician, Team Physician etc.?

I certify that I made this examination at _____ ☐ a.m. ☐ p.m.

on the _____ day of _____ ,20 ____

Examination made at ☐ my office, ☐ individual's office, ☐ individual's home ☐ Other- _____

_____ EXAMINER'S SIGNATURE

Examiner's Address: _____

_____

_____

_____ APPLICANT'S SIGNATURE

_____ APPLICANT'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)

Sect#	*Qu#*	*Details - include diagnosis, treatment, duration and results*	*Name and address of doctor and medical facility*

PROPOSED INSURED: _____	Date of Birth: / /