



Medical Questionnaire Form

USAT MAC NATIONAL EXPO 2010

Please circle either (Y) for yes or (N) for no.

1. Do you have any allergies to medication? Y / N

If yes, please state which medication(s).

2. Do you take any medication regularly? Y / N

If yes, please state which medication(s)

3. Do you wear contact lenses? Y / N

4. Do you have a history of:

Epilepsy (seizures) Y / N

Lung Disease Y / N

Heart Disease Y / N

Diabetes Y / N

High Blood Pressure Y / N

IF YOU ANSWERED YES TO ANY PART OF QUESTION NUMBER FOUR, PLEASE COMPLETE QUESTION NUMBER FIVE.

5. I hereby state that I am under the care of a physician for the treatment of _____
and that I have been medically cleared by a physician to participate in this tournament.

COMPETITOR'S SIGNATURE _____ DATE _____

If competitor is under 18 years old, consent of parent or guardian must be obtained below.

SIGNATURE _____ DATE _____

PLEASE READ CAREFULLY

I hereby certify that the above information is true and accurate to the best of my knowledge and hereby agree that I WILL NOT be permitted to participate in this tournament if this MEDICAL QUESTIONNAIRE FORM is not completed and returned prior to the tournament to USAT MAC NATIONAL EXPO 2010.

SIGNATURE _____ DATE _____

CERTIFICATION:

Contestant's Name _____ Age _____

Parent/Guardian Name _____

Home Address _____

Home Phone Number _____

Name of Master (Instructor) _____ Phone Number _____

If you are minor (under 18 years old) and will be at the tournament without a parent/guardian, the statement below must be read and signed by a parent or legal guardian and returned prior to participating in any competition or event. The undersigned, (parent or legal guardian of the competing minor) represents that he/she has the authority to consent to the medical care and treatment of such a competitor (or competing minor) by the designees of USAT MAC National Expo 2010.

Name of parent or guardian _____ DATE _____

Signature of parent or guardian _____ DATE _____