



## Player Medical Profile – Personal Record for 2009

Please complete this form and return it to the Secretary prior to the first practice match. Completion of this form is not compulsory, however any information contained herein will be used to provide medical assistance if required. All information is confidential and access will be limited to the Head Trainer, Head Coach and Secretary.

### Personal Details:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Sex: Male / Female

### Emergency Contact:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Health Care Details:

Medicare Number: \_\_\_\_\_ Private Health Yes / No \_\_\_\_\_ Fund Name: \_\_\_\_\_  
 Private Doctor: Yes / No \_\_\_\_\_ Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Private Dentist: Yes / No \_\_\_\_\_ Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Can your Doctor / Dentist be contacted after hours? Yes / No \_\_\_\_\_

### Current Medical Issues:

Medical Problem: \_\_\_\_\_ Medication: \_\_\_\_\_ Allergies \_\_\_\_\_

Sports Injuries:  
*Please list any injury which is current, recurring or that requires surgery.*

### Medical History:

Have you ever had:	Do you wear:	Have you sustained:
Epilepsy Yes / No	Glasses Yes / No	A fracture in the past three years Yes / No
Hepatitis A Yes / No	Contact Lenses Yes / No	A dislocation Yes / No
Hepatitis B Yes / No	Mouth Guard Yes / No	
Diabetes Yes / No	at Training Yes / No	Do you suffer from any recurring pain in any joint with play or practice Yes / No
Heart problems Yes / No	in matches Yes / No	If yes, which joint _____
Asthma Yes / No		Yes/No _____
Hernia Yes / No	Blood Group? _____	
Concussion Yes / No	Do you object to transfusions? _____	

Have you ever been treated for head, neck or spinal injury? Yes / No \_\_\_\_\_ Please provide detail if yes.  
 To the best of my knowledge, the information contained on this sheet is correct

Name of Player: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: / /2009