Participant/ Player Medical Profile - Personal Record

All information on this sheet is confidential
Access to this sheet is limited to Director, Sports First Aider, Sports Trainer & Coach

Personal Details

SURNAME | Given Names

ADDRESS # | Street/Rd

SUBURB | STATE

Home PH | Buisness PH

SEX M F | DOB / / | AGE | Height cm | Weight Kg

BLOOD GROUP | Do you object to Transfusions? Yes No

EMERGENCY CONTACT

SURNAME | Given Names

Home PH | Buisness PH

RELATIONSHIP

HEALTH CARE DETAILS

Medicare # | Private Health Insurance? Y / N | FUND

Private Doctor | Phone

ADDRESS

Can Doctor be contacted at all times? Y / N

Private Dentist | Phone

ADDRESS

Can Dentistr be contacted in an emergency? Y / N

Personal Details

Current Medical Problems

Regular medcations including supplements, stating name and dosage

Allergies

Sports injuries Iplease state any injury which is current/recurring or requires surgery

Personal Details

Have you had …….	Y	N
Eplilepsy		
HepatitIs A		
HepatitIs B		
Diabetes		
Heart Problems		
Heart Murmur		
Asthma/ Bronchitis		
Hernia		
Concussion		

Do you wear …….	Y	N
Glasses/Contacts		
Soft		
Hard		
Protective Equipment		
Mouthguard		
At training		
At competition		
Other		

Please Specify

Have you Sustained ….	Y	N
A fracture in the last 3 years?		
If yes where?		
A dislocation?		
If yes where?		

Do you suffer from….	Y	N
Recurring Pain in any joint?		
If yes where?		

Have you ever been treated for a head, neck, spinal injury? Yes [ ] No [ ]

Details

Does this condition ever affect your performance?

To the best of my knowledge, all information contained on this sheet is correct

Signature

Date / /

If under 18 please have a parent or legal guardian sign.