

MONBULK RANGERS SOCCER CLUB PLAYER MEDICAL PROFILE



All information on this sheet is confidential.
Access to this sheet is limited to Sports First Aider, Team Manager and Coach.

PLAYER DETAILS

Surname:						
Given Name:						
Address:						
Town:				P/ Code:		
Home Ph:				Mob No:		
Gender	M / F		D.O.B.	Age		
Height (cm's)			Weight (kg's)			
Blood Group			Do you object to Blood Transfusions?	Yes / No		

EMERGENCY CONTACT DETAILS

Surname:						
Given Name:						
Address:						
Home Ph:				Mob No:		
Relationship:						

HEALTH CARE DETAILS

Medicare Number				
Private Health Insurance	Yes		No	
Fund				
Private Doctor				
Address:				
Town:			P/ Code:	
Ph:	Mob No:			
Can the Doctor be contacted at all times?	Yes		No	
Private Dentist				
Address:				
Town:			P/ Code:	
Ph:	Mob No:			
Can the Dentist be contacted at all times?	Yes		No	

CURRENT MEDICAL HISTORY

Current medical problems

Regular medications including supplements, stating name and dosage

Allergies

Sports injuries (Please list any injury which is current/recurring or requires surgery)

PAST MEDICAL HISTORY

Have you had . . .			Do you wear . . .			Have you sustained . . .		
Epilepsy	Yes	No	Glasses	Yes	No	A fracture in last 3 years?	Yes	No
Diabetes	Yes	No	Contact Lenses			If Yes, where?		
Heart Problems	Yes	No	Hard	Yes	No	A dislocation?	Yes	No
Heart Murmur	Yes	No	Soft	Yes	No			
Asthma/Bronchitis	Yes	No	Protective Equipment			If Yes, where?		
Hernia	Yes	No	Mouth Guard	Yes	No	Do you suffer from . . .		
Concussion	Yes	No	Other	Yes	No			
			If Yes, please specify			Recurring pain in any joint or muscle with play /practice ?		
						If Yes, where?		
						Back / Neck Pain	Yes	No

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

Details:

Does this condition affect your performance?

AGREEMENT

**To the best of my knowledge, all information contained on this sheet is correct
(if under 18 please have parent or legal guardian sign)**

Signature: _____

Date: _____