

## PERSONAL DETAILS

SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_ FAX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT 1) \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO PLAYER \_\_\_\_\_

2) \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO PLAYER \_\_\_\_\_

## HEALTH CARE DETAILS

MEDICARE NUMBER \_\_\_\_\_

PRIVATE HEALTH INSURANCE \_\_\_\_\_ Yes/ No

AMBULANCE COVER \_\_\_\_\_ Yes/ No

DOCTORS NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DENTISTS NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

## CONSENT

I \_\_\_\_\_ (full name please)

- I do / do not give consent to the Riverton Saddleworth Marrabel United Football Club trainers to treat to the best of their knowledge and understand that it is not in their scope to diagnose.
- I do / do not give consent that in the event of serious injury and an ambulance is deemed necessary, I will cover the costs incurred.
- I understand that in the event of suspected concussion, the player will comply with the trainers advice and following the injury will not participate in training or game day until cleared and form signed by a GP.
- I do / do not give consent to the Riverton Saddleworth Marrabel United Football Club trainers to administer Panadol
- To the best of my knowledge, all information contained on this sheet is accurate.
- I have received a copy of the RSMU Football Club's Injury Policy and understand that must be a financial member of the RSMU Football Club before the 7<sup>th</sup> May 2018 to be covered by the policy.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

# CURRENT HISTORY

Current Age  
(as at Jan 1<sup>st</sup>)

Current Weight

Current Height

Blood Group

Do you object to  
Blood Transfusions?

Current Medical Problem/s

Regular Medications (including supplements, stating name & dosage)

Allergies

Sports injuries or recurring joint pain ( Please list any injury which is current, recurring or requires surgery )

# MEDICAL CHECKLIST

### **Have you had ?**

Epilepsy	Yes / No
Convulsions	Yes / No
Hepatitis A	Yes / No
Hepatitis B	Yes / No
Hepatitis C	Yes / No
Diabetes	Yes / No
Heart Problems	Yes / No
Heart Murmur	Yes / No
Asthma	Yes / No
Hernia	Yes / No
Concussion	Yes / No

**PLEASE NOTE :**

***A Medical clearance is required to play after sustaining concussion***

### **Do you wear ?**

<b>Glasses</b>	Yes / No
<b>Contact Lenses</b>	
soft	Yes / No
hard	Yes / No
<b>Mouthguard</b>	
training	Yes / No
competition	Yes / No
<b>Protective Equipment</b>	Yes / No
(please specify )	

**Tetanus**

Are you currently immunized ?  
Yes / No

Date of last immunization  
Year\_\_\_\_\_

### **Have you sustained ?**

**A fracture in last 3 years ?**  
Yes / No

If so where ?

**A dislocation ?**  
Yes / No

If so where ?

**A head,back,neck or spinal injury ?**  
Yes / No

If so where ?

Details

**Any other information that may be useful :**