



# BELROSE RUGBY LEAGUE

## Player Medical Profile

Information on this form is confidential and will only be accessed by Trainers, First Aiders and Coach.

### Personal Details

Surname	<input type="text"/>	Given Names	<input type="text"/>									
Address	Number <input type="text"/>	Street/Road <input type="text"/>										
	Suburb/Town/City <input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>								
Phone	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>									
	Date of Birth	dd <input type="text"/> mm <input type="text"/> yyyy <input type="text"/>	Age	years <input type="text"/>	Height	cms <input type="text"/>	Weight	kgs <input type="text"/>	Blood Group	<input type="text"/>	Do you object to transfusions?	Yes <input type="checkbox"/>

### Emergency Contact

Surname	<input type="text"/>	Given Names	<input type="text"/>
Relationship	<input type="text"/>		
Phone	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>

### Health Care Details

Medicare Number	<input type="text"/>	Private Health Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fund	<input type="text"/>	
Private Doctor	<input type="text"/>	Telephone	<input type="text"/>				
Address	Number <input type="text"/>	Street/Road <input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>
	Suburb/Town/City <input type="text"/>						
Can Doctor be contacted at all times? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Private Dentist	<input type="text"/>	Telephone	<input type="text"/>				
Address	Number <input type="text"/>	Street/Road <input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>
	Suburb/Town/City <input type="text"/>						
Can Dentist be contacted at all times? Yes <input type="checkbox"/> No <input type="checkbox"/>							



# BELROSE RUGBY LEAGUE

## Player Medical Profile

### Injury History

#### Past Surgery

List type and approximate dates

#### Current injuries

#### Past injuries

List type and approximate dates

### Medical History

#### Current medical problems

#### Current medications

#### Allergies

List supplements, stating name and dosage

#### Have you had..

- Epilepsy
- Hepatitis A
- Hepatitis B
- Diabetes
- Heart Problems
- Heart Murmur
- Asthma/Bronchitis
- Hernia
- Concussion
- Depression

#### Do you wear..

- Contact lenses
- Glasses
- Mouth guard

#### What protective equipment do you wear

details

- Do you smoke

#### Fracture and dislocations in last 3 years ..

where

#### Do you suffer from ..

- Recurring joint pain
  - Back/Neck pain
- where

#### Joints that require strapping

list joints

Have you ever been treated for a head, neck or spinal injury?

Give details include affect on your performance

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