

# Park Orchards North Ringwood Parish Junior Football Club Inc.



## Player Medical Profile 2010 - Personal Record

All information is subject to the club's privacy policy. Refer to a committee member if you require details.

FootyWeb Number: \_\_\_\_\_

### Personal Details of Player

First Name:	_____	Last Name:	_____
Phone Number:	_____	Alt Phone:	_____
Street:	_____	Suburb:	_____
		Post Code:	_____
Sex:	_____	DOB:	_____
		Height (cm):	_____
		Weight (kg):	_____
Blood Group:	_____ (if known)	Do you object to blood transfusions?	<input type="checkbox"/> Tick if yes

### Emergency Contact

First Name:	_____	Last Name:	_____
Phone Number:	_____	Alt. Number:	_____
Relationship to player:	_____		

### Health Care Details

Medicare No:	_____	Private Health Insurance? <input type="checkbox"/>	Fund Name:	_____	
		Member No:	_____		
Doctor's Name:	_____	Phone No:	_____	Available after hours? <input type="checkbox"/>	
Street:	_____	Suburb:	_____	Post Code:	_____
Dentist's Name:	_____	Phone No:	_____	Available after hours? <input type="checkbox"/>	
Street:	_____	Suburb:	_____	Post Code:	_____

### Past and Current History

Current Medical problems:

\_\_\_\_\_

Current / regular medications including supplements. State the name of each medication, dosage and any other details.

\_\_\_\_\_

Tetanus Immunisation Date: \_\_\_\_\_

Allergies: Penicillin:  Foods:

\_\_\_\_\_

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

\_\_\_\_\_

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### Past and Current History continued

Do you / have you had ...

Epilepsy

Hepatitis A

Hepatitis B

Diabetes

Heart Problems

Heart Murmur

Asthma / Bronchitis

Hernia

Dizziness

Concussion

Do you wear ...

Glasses

Soft Contacts

Hard Contacts

Mouth Guard

Other Protective Equipment:

Have you sustained ...

Fractures (if in last 3 years) - note mm/yyyy and side of body:

Dislocation (if in last 3 years) - note mm/yyyy and side of body:

Do you suffer from

Back / Neck Pain:

Head, Neck or Spinal injury:

Is the Player's performance affected in any way?

### Consent to Medical Attention and Form Return confirmation

To the best of my knowledge, all information contained on this form is correct. I authorise Park Orchards North Ringwood Parish Junior Football Club Inc. to provide first-aid and consent, where it is impractical to communicate with either the Emergency Contact or person in whose care the Player has been placed for the day (e.g. at the game), to the Player receiving medical or surgical treatment as may be deemed necessary.

Prior to Sunday, 7 March 2010 I will return this form to Michael O'Leary. After this date I will return a copy of this form to Michael O'Leary and the original to the Team Manager.

Name (of person consenting):

Date:

Signature (must be 18 years of age or over):

X