Athlete Medical Profile - Personal Record

All information on this sheet is confidential.

Personal Details

Surname

Given Names

Address | **Number** | **Street/Road**

Suburb | **State** | **Postcode**

Home Phone | **Mobile Phone** | **Work Phone**

Age	Date of Birth	Sex	Height	Weight	Blood Group	Do you object to transfusions
		M ☐ F ☐	cm	kg		Yes ☐ No ☐

Emergency Contact

Surname

Given Names

Home Phone | **Mobile Phone** | **Work Phone**

Relationship

Health Care Details

Medicare Number

Private Health Insurance Yes ☐ No ☐

Health Fund

Private Doctor | **Phone Number** | **Mobile Phone**

Address

Number	Street	Suburb	State	Postcode

Can Doctor be contacted at all times in an emergency Yes ☐ No ☐

Private Dentist | **Phone Number** | **Mobile Phone**

Address

Number	Street	Suburb	State	Postcode

Can Dentist be contacted at all times in an emergency Yes ☐ No ☐

Athlete Medical Profile - Personal Record

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Current History

Current Medical Problems

Regular Medications including Supplements and dose

Allergies

Injuries (Please list any injury that is current/recurring or requires surgery)

Past 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**				Where and how?		
Hepatitis A	Yes ☐	No ☐		Soft	Yes ☐	No ☐				
Hepatitis B	Yes ☐	No ☐		Hard	Yes ☐	No ☐		A dislocation in last 3 years Yes ☐ No ☐		
Heart Problems	Yes ☐	No ☐		**False teeth**	Yes ☐	No ☐		Where and how?		
Heart Murmur	Yes ☐	No ☐		**Dental Plate**	Yes ☐	No ☐				
Asthma/Bronchitis	Yes ☐	No ☐		**Other item**	Yes ☐	No ☐		Do you suffer from any		
Hernia	Yes ☐	No ☐		**Specify**				Recurring Joint pain Yes ☐ No ☐		
Concussion	Yes ☐	No ☐						Back/Neck pain Yes ☐ No ☐		

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

Details

Does this condition affect your performance

To the best of my knowledge, all information contained in this form is correct

(if under 18 please have parent/guardian sign)

Name: _____ Signature _____ Date ☐☐ / ☐☐ / ☐☐☐☐

Please Print