Football South Burnett CA - _____ Club

Medical History Questionnaire

All information will be kept confidential and will only be used in the absence of a legal Care Giver, and if the player needs first aid or other medical assistance.

Personal Details

Last Name | Given Names

Address

Postal Code

Home Phone | Mobile / business

Sex ☐ Male ☐ Female | Date of Birth | Age

Do you wear glasses or contact lenses while playing sport? ☐ Yes ☐ No

Do you object to blood transfusions? ☐ Yes ☐ No | Height cm | Weight kg

Emergency Contact

Last Name | Given Names

Home Phone | Mobile / business

Relationship to player

Healthcare Details

Medicare Number | Pvt Health Insurance ☐ Yes ☐ No | Fund & Number

Private Doctor | Telephone

Address

Can doctor be contacted at all times? ☐ Yes ☐ No

Private Dentist | Telephone

Address

Can dentist be contacted at all times? ☐ Yes ☐ No

Medical History

Do you have any allergies? If yes, please state allergies, reactions & date diagnosed.

☐ Yes ☐ No ☐ Not sure/maybe

Are you taking any medications, non-prescription drugs or herbal supplements of any kind? If yes, please list.

☐ Yes ☐ No ☐ Not sure/maybe

Are you being treated for any medical condition at the present or have you been treated within the past year? If so, why?

☐ Yes ☐ No ☐ Not sure/maybe

Have you ever had any head, neck or spinal injuries (includes concussion)? If yes, please list with dates.

☐ Yes ☐ No ☐ Not sure/maybe

Do you have any other injuries, or a prosthetic joint? (Please list any injury which is current/recurrent or requires surgery)

☐ Yes ☐ No ☐ Not sure/maybe

Are you a smoker? If so please state daily consumption.

☐ Yes ☐ No ☐ Not sure/maybe

Do you, or have you ever, suffered from or experienced any of the following (If yes, please provide details below):

☐ Asthma	☐ Stroke	☐ Kidney disease
☐ Diabetes	☐ Shortness of breath	☐ Thyroid disease
☐ Chest pain, angina	☐ Rheumatic fever	☐ Osteoporosis
☐ Heart attack	☐ Seizures	☐ Bleeding problems or blood disorder
☐ Other heart conditions	☐ Steroid therapy	☐ Thrombosis (clot e.g. DVT)
☐ High blood pressure	☐ Arthritis	☐ Other not specified:

Details:

Declaration

To the best of my knowledge, the above information is correct:

Player / Parent / Guardian signature	
Player / Parent / Guardian name	
Date of signing	