



PLAYER MEDICAL PROFILE 2019

(All information on this sheet is confidential. Access to this information is limited to the Team Medic/Trainer, Coach and Team Manager)

PERSONAL DETAILS

Team..... Colour.....Number.....
First Name Surname.....
Home Address.....
Suburb/Town.....Postcode.....
Home Phone..... Mobile.....
Date of Birth.....

EMERGENCY CONTACT

1st Contact Person

First Name.....Surname.....
Home Phone..... Mobile Phone.....
Relationship.....

2nd Contact Person

First Name.....Surname.....
Home Phone..... Mobile Phone.....
Relationship.....

HEALTH CARE DETAILS

Medicare Card Number..... Individuals No. on Card.....

Do you have Ambulance Cover YES NO Membership No.....

(Please note: if you don't have cover you may be charged for attendance and/or transportation by Ambulance Victoria)

Do you have Private Health Insurance? YES NO

If YES, which Health Fund.....Membership No.....

Private Doctor

Name.....
Address.....
Suburb/Town.....
Phone No.....

MEDICAL HISTORY

Do you have any medical or physical conditions that we should be aware of?

Do you take any regular medication?

Allergies

Do you have any known allergies to medications or food?	YES	NO	Details:			
Do you use an EPIPEN	YES	NO	Details:			
Do you have allergies to Band Aids, strapping, latex etc	YES	NO	Details:			
Do you suffer with Asthma	YES	NO	Details:			
Do you have an Asthma Plan	YES	NO	If yes please provide	<i>Copy received</i>		<i>Date:</i>
				<i>YES</i>	<i>NO</i>	

Blood Group:						
Date of last Tetanus Injection:						
Have you had Hepatitis B Injections	YES	NO	1 st	2 nd	3 rd	
Do you have Diabetes?					YES	NO
Details:						
Have you had concussion in the last 3 years?					YES	NO
Details:						
Have you had a Fracture in the last 3 years?					YES	NO
Details:						
Have you had a Dislocation in the last 3 years?					YES	NO
Details:						
Do you wear Glasses or Contact Lenses?					YES	NO
Details:						
Do you have Braces or other Dental Products?					YES	NO
Details:						

ACKNOWLEDGEMENT AND EMERGENCY MEDICAL AUTHORIZATION

To the best of my knowledge, all the information provided is current and correct.

I authorize officials of the Diamond Creek Women’s Football Club, where it is impracticable for me or my child to do so, to approve such medical or surgical treatment as may be deemed necessary.

Player signature:..... Date...../...../.....

Parent/Guardian signature..... Date...../...../.....