

PLAYER / PARTICIPANT MEDICAL PROFILE - PERSONAL RECORD

All information on this sheet is confidential. Access to this sheet is limited to medical staff, club officials, manager and coach. This information will be treated in accordance with the Privacy Statement below.

Personal Details

Surname _____ Given Names _____

Address _____

Suburb _____ Postcode _____

Home Phone _____ Mobile Phone _____ Business Phone _____

Sex M F Date of Birth _____ Age _____

Emergency Contact

Surname _____ Given Names _____

Home Phone _____ Mobile Phone _____ Business Phone _____

Relationship to above _____

Health Care Details

Medicare Number _____ Private Health Insurance Yes No Fund _____

Do you have Ambulance cover Yes No

Private Doctor _____ Telephone _____

Address _____

Suburb _____ Postcode _____

Private Dentist _____ Phone _____

Address _____

Suburb _____ Postcode _____

Certain medical conditions or previous injuries may influence your ability to participate in sport. Examples of these include but are in no way limited to:

- Arthritis
- Asthma
- Cardiac
- Diabetes
- Epilepsy
- High blood pressure
- Spinal Injuries
- Previous Injuries

If you have any pre-existing conditions or any concerns about participating, we would encourage you to have a check-up and seek medical clearance from your doctor prior to participating.

Adult players who have not participated previously or for some time or who have experienced shortness of breath, chest pains or tightness across the chest or other heart related symptoms should have a check-up and seek medical clearance from their doctor prior to participating.

For further information visit www.heartfoundation.org.au

Do you have any conditions that you, in consultation with your doctor, consider appropriate to notify the club or organisation of? eg. previous injuries, medical conditions or allergies.

If so, please list here

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**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	<input type="text"/>	Date	<input type="text"/>
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PRIVACY STATEMENT

Our organisation abides by the relevant National Privacy Principles of the *Privacy Act 1988*. We are committed to protecting your privacy. Much of the information on this form is sensitive information. Sensitive information will not be used for direct marketing purposes. The information on this form is used for the purpose of providing us with the background as to your past and present medical details. The types of organizations to whom we usually disclose this information will be health care providers including our sports trainers and sports first aiders but may also be viewed by coaches, directors and officials. We may also have to disclose it to our professional advisers and insurer. If you do not provide us with any or all of the personal information that we request, then you may not be able to play sport in any of our teams. You can get more information about the way we manage your personal information by contacting the Secretary or our organisation.