**Player Medical Profile – Personal Record**

All information on this sheet is confidential. Access to this sheet is limited to coach and support staff. This information will be treated in accordance with the clubs privacy policy. See Privacy Statement below.

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Name: |  |
| Address: |  | | |
| Suburb: |  | Postcode: |  |
| Phone: |  | Alternate Phone: |  |
| Age: | Male Female | Date of Birth: |  |

**Emergency Contact (must be different from above)**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given Name: |  |
| Phone: |  | Alternate Phone: |  |
| Relationship to player: | | | |

**Heath Care Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Private Health Insurance:  Yes  No | | Private Health Fund: | |
| Private Doctor: | | | Phone: |
| Address: |  |  |  |
| Suburb: |  | Postcode: | Medicare No: |
| Do you have Ambulance cover?  Yes  No Please note in an emergency an ambulance will be contacted. | | | |

**Current History**

|  |
| --- |
| Current medical problems: |
| Regular medications – including supplements, stating name and dosage: |
| Do you or have you ever had asthma or used asthma medication?  Yes  No |
| Allergies?  Yes  No Please list? |
| Sports injuries (please list any injury, which 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 If yes where? | |
| Hepatitis A | Yes  No | Contact Lenses |  |
| Hepatitis B | Yes  No | soft | Yes  No |
| Diabetes | Yes  No | hard | Yes  No | Do you suffer from a recurring pain in any joint with play/practice?  Yes  No | |
| Heart Problems | Yes  No | Protective Equipment | Yes  No |
| Heart Murmur | Yes  No | Mouth Guard |  |
| Bronchitis | Yes  No | at training | Yes  No | If yes which joint? | |
| Hernia | Yes  No | in competition | Yes  No | Back pain | Yes  No |
| Concussion | Yes  No | Other? (specify) |  | Neck pain | Yes  No |
| Have you ever 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 on this sheet is correct (if under 18 years of age please have parent or guardian sign). | | | |
| Signature: |  | Date: |  |

Statement: Port Noarlunga Football Sports Club Inc abides by the relevant National 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 organisations to whom we usually disclose this information will be health care providers including our sports trainer and sports first aiders but may also be viewed by coaches, committee 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 requested 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 writing to Port Noarlunga Football Sports Club Inc. Please contact us on PO Box if you would like to access or correct the information that we hold about you.

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