



**PLAYER INFORMATION and MEDICAL SHEET:**

**PLAYER CONTACT INFORMATION:**

Players Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

If different from  
above \_\_\_\_\_

Player DOB \_\_\_\_\_

Player Telephone Hm: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Hm: \_\_\_\_\_ Wk: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

**MEDICAL INFORMATION:**

Doctors' name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dentists Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Is the player covered by medical insurance Yes / No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**Blood Group:** \_\_\_\_\_

**Do you object to transfusions?** Yes / No

**Allergies**

- a) Drugs (eg. Penicillin) \_\_\_\_\_
- b) Food (eg. Seafood) \_\_\_\_\_
- c) Insects (eg. Bees) \_\_\_\_\_
- d) Other \_\_\_\_\_

**Health Conditions**

- a) Anaemia : \_\_\_\_\_
- b) Asthma/ Bronchitis: \_\_\_\_\_
- c) Diabetes: \_\_\_\_\_
- d) Fainting: \_\_\_\_\_
- e) Hay Fever: \_\_\_\_\_
- f) Severe Headaches: \_\_\_\_\_
- g) Epilepsy: \_\_\_\_\_
- h) Heart Problems (please specify) \_\_\_\_\_
- i) Concussion: \_\_\_\_\_
- j) Other (please specify) \_\_\_\_\_

**Do you wear**

- a) Glasses: Yes / No
- b) Contacts: Yes / No

**Have you sustained:**

- a) A fracture in the last three years (If yes, where):  
\_\_\_\_\_
- b) A dislocation (If yes, where) :  
\_\_\_\_\_
- c) Joint pain from training (If yes, where):  
\_\_\_\_\_

**To the best of my knowledge, all information contained on this sheet is correct. I hereby give permission for the team manager or his/her nominee to seek medical treatment for the above- mentioned player should it be necessary. (Persons under the age of 18 year must obtain signature of parent/ guardian)**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_