



## Hazelbrook Soccer Club Inc Medical Form



Personal Details			
Surname		Given Name	
Address		Home Phone No.	
Suburb		Mobile Phone No.	
Sex	Male / Female	Age Group	

Emergency Contact			
Surname		Given Name	
Home Phone		Business Phone	
Relationship		Mobile Phone	

Health Care Details			
Medicare No		Private Health Fund	
Doctors Name		Doctors Phone	
Dentist Name		Dentist Phone	

Medical Details	
Blood Group	Do you object to transfusions Yes / No
Have you received medical clearance from your doctor for this season Yes / No	
Do you take any regular medications? Yes / No (if yes please list)	

Have you had....	Vision – do you wear....	Vaccinations
Epilepsy Yes / No	Glasses Yes / No	Have you been vaccinated against
Hepatitis A Yes / No	Hard Contact Lenses Yes / No	Hepatitis A Yes / No
Hepatitis B Yes / No	Soft Contact lenses Yes / No	Hepatitis B Yes / No
Diabetes Yes / No		Tetanus Yes / No
Heart problems Yes / No		Other, Please specify
Hernia Yes / No		

Have you ever had concussion? Yes / No	Do you suffer from asthma? Yes / No	<b>Allergies</b>
How many times? Give approximate dates	Do you bring your own medication to games, training etc? Yes / No	Are you allergic to.....
Do you wear a mouthguard? Yes / No	Do you take medication? Yes/ No	Tape Yes / No
	Please specify;	Ice Yes / No
		Medications Yes / No
		Other Yes / No
		Please specify;

Have you ever had a head, neck or spinal injury? Yes / No	Have you sustained a fracture in the last 3 years? Yes / No	Have you sustained a dislocation in the past 3 years? Yes / No
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To the best of my knowledge, all information on this sheet is correct. This information will be given to a St John Officer or an Ambulance Officer in the event that a parent or guardian is not in attendance where an injury has been sustained. A Medical Clearance must be supplied if the Club deems one necessary before Player Registration can be accepted.

Signed;

(if under 18 please have parent or guardian sign)

Date;