



Eltham Junior Football Club

(Incorporated)

PLAYER MEDICAL PROFILE 2017

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

PERSONAL DETAILS

First Name..... Surname.....
Address.....
Suburb/Town..... Postcode.....
Home Phone.....
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 Number.....

Do you have Ambulance Cover? YES NO

(Please note: the following 2012 minimum fee apply for non-members, for ambulance attendance \$292 and transport by ambulance & \$967)

Do you have Private Health Insurance? YES NO

If YES, which Health Fund.....

Private Doctor.....

Address.....

Suburb/Town..... Postcode.....

Phone..... After Hours Phone.....

CURRENT HISTORY

Current Medical Problems.....

Regular Medication.....

ALLERGIES – Food or Medication:					
Do you require the use of a EPIPEN for any of the above listed Allergies				Yes	No
ALLERGIES – Band Aids or Strapping				Yes	No
Do you suffer with Asthma?				Yes	No
Severity of Asthma:	Intermittent	Mild	Moderate	Severe	
Do you have an Asthma Plan? (Please supply copy with this form)				Yes	No

MEDICAL HISTORY

Blood Group			
Date of last Tetanus Injection			
Have you had Hepatitis B Injections?	1 st	2 nd	3 rd
Have you had Concussion in the last 3 Years?	Yes		No
Do you have Diabetes?	Yes		No
Do you wear Glasses or Contact Lenses?	Yes		No
Do you wear a Mouth Guard?	Yes		No
Have you had a Fracture in the last 3 Years?	Yes		No
If YES, Where?			
Have you had a Dislocation in the last 3 Years?	Yes		No
If YES, Where?			

To the best of my knowledge, all information contained on this sheet is correct.

Parent/Guardian Signature..... Date.....

EMERGENCY MEDICAL AUTHORIZATION

I authorise officials of the Eltham Junior Football Club to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardian Signature..... Date.....