

ATHLETE MEDICAL PROFILE – PERSONAL RECORD

All information on this sheet is confidential. Access to this sheet is limited to the First Aid Officer.

HOCKEY CLUB: _____ DIVISION _____

PERSONAL DETAILS:

- Given Name _____
- _____
- Surname _____
- _____
- Address _____
- E – mail _____
- _____
- Home ph: _____ Mobile: _____
- _____
- Date of Birth _____ Age (years) _____
- _____
- Ambulance : Yes / No Blood Group _____
- _____
- Medicare No: _____ Fund _____

EMERGENCY CONTACT:

- Given Name : _____ Surname : _____
- Relationship to you: _____
- Home Number : _____ Mobile No _____

CURRENT MEDIAL HISTORY:

Any current medical conditions: _____

Regular medications (including supplements stating name and dosage)

Any Allergies: _____

Sports Injuries (list recurring injuries or any requiring surgery)

PAST MEDICAL HISTORY:

- Any known medical conditions (e.g. hepatitis, diabetes, epilepsy, heart problems
Asthma, hernia, spinal injury or arthritis) _____

Have you sustained a fracture, dislocation, muscle strain, joint sprain or overuse
Injury in the last five (5) years: _____

Do any of these conditions affect your performance ? _____

To the best of my knowledge, all information contained on this sheet is correct
I am aware that if I incur a serious injury, the Qld Ambulance Service will be called to
Transport me to the nearest Hospital / Emergency Centre for treatment and that the
Gold Coast Hockey Association Inc. will not be responsible for the cost of that service.

Signature: _____ Date: _____

Parent / Guardian