



## TUGGERANONG NETBALL ASSOCIATION

### Participant/Player Medical Profile – Personal Record

All information on this sheet is confidential.  
 Access to this sheet is limited to Co-ordinator, Sports First Aider, Sports Trainer & Coach

#### PERSONAL DETAILS

<b>First Name:</b>	<b>Last Name:</b>
Address:	Postcode:
Home Ph:	Mobile:

Sex: M / F	DOB:	
Age:	Height (cm):	Weight (kgs)
Blood Group:	Do you object to transfusions: Yes / No	

#### EMERGENCY CONTACT

First Name:	Last Name:
Home Ph:	Mobile:
Relationship:	

#### HEALTH CARE DETAILS

Medicare No:	
Private Health Insurance: Yes / No	Fund:
Doctor:	Ph:
Address:	
Can Doctor be contacted at all times? Yes / No	
Dentist:	Ph:
Address:	
Can Dentist be contacted at all times? Yes / No	

Do you suffer from travel sickness: Yes / No
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## CURRENT HISTORY

<b>Current Medical Problems:</b>
<b>Regular Medication including supplements, stating name &amp; dosage:</b>
<b>Allergies:</b>
<b>Sports Injuries: (Please list any injury which is current/recurring or requires surgery)</b>

## PAST HISTORY (Please tick)

Have you had:	Do you wear:
Epilepsy	Glasses
Hepatitis A	Contact Lenses
Hepatitis B	Protective Equipment
Diabetes	Mouth Guard
Heart Problems	- At training
Heart Murmur	- At Competition
Asthma/Bronchitis	Other - Please specify
Hernia	
Concussion	

**Have you sustained:**

A Fracture in the last 3 years    Yes / No    If yes, where? \_\_\_\_\_

A dislocation                      Yes / No    If yes, where? \_\_\_\_\_

**Do you suffer from:**

Recurring pain in any joint with play/practice    Yes / No    If yes which joint? \_\_\_\_\_

Back / Neck Pain                      Yes / No

Have you ever been treated for head, neck or spinal injury?    Yes / No

Provide details:

\_\_\_\_\_

Does this condition affect your performance?

\_\_\_\_\_

To the best of my knowledge all information contained in this sheet is correct (If under 18: please have a parent or legal guardian sign)
Signature: _____ Date: _____