



Player Medical Profile - Personal Record

*all information on this sheet is confidential.
Access to this sheet is limited to TFA Medical Personnel, TFA Doctor & the TFA*

Personal Details

Surname	<input type="text"/>	Given	<input type="text"/>
Address	<input type="text"/>		
Telephone (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>
DOB	<input type="text"/>		
Family Doctor:	<input type="text"/>	Phone Number	<input type="text"/>
Medical Cover	Private <input type="text"/>	Medicare	<input type="text"/>
I give permission to call an ambulance in an emergency			<input type="text"/> YES/NO
Blood Group	<input type="text"/>	Do you object to transfusions	<input type="text"/> YES/NO

Emergency Contact

Surname	<input type="text"/>	Given	<input type="text"/>
Telephone (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>
Relationship	<input type="text"/>		

Current History

Current Medical Problems
Regular medications including Supplements, stating name and Dosage
Allergies
Sports Injuries (please list any injury you have had in the past 6 months)

Past History

Do you suffer from		Management
Diabetes	<input type="text"/> YES/NO	<input type="text"/>
Asthma	<input type="text"/> YES/NO	<input type="text"/>
Epilepsy	<input type="text"/> YES/NO	<input type="text"/>
Heart Problems	<input type="text"/> YES/NO	<input type="text"/>
Previous Injuries	When	Treatment
Fracture	<input type="text"/>	<input type="text"/>
Dislocation	<input type="text"/>	<input type="text"/>
Ankle Sprain	<input type="text"/>	<input type="text"/>
Knee Problems	<input type="text"/>	<input type="text"/>

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

(if under 18 please have a parent or legal guardian sign)

Signature

Date