



### Medical Advice Card - Senior Club Player (confidential)

- Name \_\_\_\_\_ Club \_\_\_\_\_
- Address \_\_\_\_\_
- Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ D.O.B. \_\_\_\_\_
- Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_
- Medical Cover: Private \_\_\_\_\_ Medicare \_\_\_\_\_
- I give permission to call an Ambulance in an emergency. YES/NO
- Name of person to contact in an emergency \_\_\_\_\_
- Telephone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Do you suffer from:	Yes/No	Management
Diabetes		
Asthma		
Epilepsy		
Do you experience any of the following signs and symptoms during training/playing?		
Undue shortness of breath		
Chest Pain		
Light headedness, dizziness or episodes of fainting		
Become tired/fatigued easily		

Allergies (please list) \_\_\_\_\_

- Do you take any regular medication/s? YES/NO  
Type \_\_\_\_\_ Reason \_\_\_\_\_

Previous Injuries	When	Treatment
Fracture		
Dislocation		
Neck Injury		
Back Injury		
Ankle Sprain		
Knee Problems		

Do you require taping every game? YES/NO Where? \_\_\_\_\_

- Have you suffered concussion in the last 3 years? YES/NO  
How many times? \_\_\_\_\_ Treatment \_\_\_\_\_
- When did you have your last full medical check up? \_\_\_\_\_
- Have you had your full course of Hepatitis "B" injections? YES/NO
- How long have you been playing Rugby League? \_\_\_\_\_
- What position do you usually play? \_\_\_\_\_
- Other information relevant to managing an injury you may sustain:- \_\_\_\_\_

- Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES/NO
- I declare this to be a true statement of my health status as at the date below.
- I will notify the Club First Aid Officer of any problem that may occur during the season that is relevant to my health status and playing Rugby League.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by: \_\_\_\_\_ Position in Club: \_\_\_\_\_

Checked by \_\_\_\_\_ Medical Practitioner