

Member Medical Profile – Personal Record

Personal Details

Surname Given Names

Address

Home Phone () Business Phone ()

Sex M F Date of Birth Age Height Weight

Emergency Contact

Surname Given Names

Home Phone () Business Phone ()

Relationship

Health Care Details

Medicare No. Private Health Insurance Yes No Fund

Private Doctor Telephone ()

Address

Can Doctor be contacted at all times? Yes No

Private Dentist Telephone ()

Address

Can Dentist be contacted in emergency? Yes No

Relevant History

Are there any existing health conditions that we should be aware of that may impact on:
(What if you lose consciousness and are unable to provide important personal medical information?)

- ❖ your ability to participate in club activities
- ❖ injury treatment
- ❖ medication prescription

For example:

- ❖ blood borne viruses (eg hepatitis)
- ❖ health conditions (eg. epilepsy, diabetes, cardio vascular disease)
- ❖ respiratory complications (eg. asthma, bronchitis)
- ❖ allergies
- ❖ other

Please list any health issues which may assist the club in your treatment

Please note the club will treat this information with respect and keep the information confidential.

Please return this to: *relevant club official contact details*

Contact Name

Contact Address

Club address