



MEDICAL FORM FOR SGFC

NAME: **DATE of BIRTH:**

ADDRESS: **P/CODE:**

TELEPHONE Home..... Work Mobile:

EMAIL:

EMERGENCY CONTACT:

Name: Phone:

MEDICARE NUMBER: **Expiry Date**

PRIVATE HEALTH FUND and MEMBERSHIP NUMBER:

GENERAL PRACTITIONER:

Name:

Address: Phone::

FAMILY HISTORY:

Heart disease: Yes No Details.....

Death at an early age: Yes No Details.....
(of parent or sibling)

Other:

MEDICAL CONDITIONS

Asthma Yes No Details.....

Diabetes: Yes No Details.....

Epilepsy: Yes No Details.....

Rheumatic fever: Yes No Details.....

Other:

SYMPTOMS with EXERCISE

Excessive fatigue: Yes No Details.....

Undue breathlessness: Yes No Details.....

Chest pain: Yes No Details.....

Palpitations: Yes No Details.....

Dizziness or Fainting: Yes No Details.....

Other:

Cont Over

IMMUNISATIONS:

Tetanus Yes No (date).....

Hepatitis B Yes No (date)

Other Yes No (details & date)

ALLERGIES: Yes No Details.....

INJURIES:

Chronic: (longstanding) 1

2

3

Acute: (recent) 1

2

3

OPERATIONS: (date and surgeon)

1

2

3

MEDICATION:

Prescribed:

Recreational drugs:

CONTACT LENSES

Yes No Details.....

Signed: Date:

Parent/Guardian: Date:
(if player is under 18 years)