Participant/Player Medical Profile-Personal Record

Access to this sheet is limited to Coach, Board Ginkan Judo School & Your Medical Doctor.

I Hereby AGREE to the limited access of the following Information. SIGNED:……

Personal Details

Surname: Given Names

Address: Number: Street:

Suburb/Town/City State P/Code

Home Phone Business Phone

Sex M / F Date of Birth Age yrs Height Weight cm

Blood Group Do you object to transfusions: YES / NO

Emergency Contact

Surname: Given Names:

Home Phone: Business Phone:

Relationship: Email address:

Health Care Details

Medicare Number: Private Health Insurance YES / NO

Medical Fund

Private Doctor Telephone

Address

Can your Doctor be contacted at all times YES / NO

Private Dentist Telephone

Address

Can your Dentist be contacted in emergency YES / NO

Current medical History

medical Disorders

Allergies:

Regular medications including supplements, stating name and dosage:

Sports injuries (Please list any injury which is current/recurring or requires surgery) Details

Do you wear Glasses Yes/ No **Do you wear Contact Lenses** Yes /No

Hard / Soft

Mouth Guard Yes /No

Have you sustained?

A fracture in last 3 years Yes/ No **If yes, where?**

A dislocation Yes/ No **If yes, which joint?**

Do you suffer from recurring pain during?

Training Yes /No **If yes, where?**

Competition Yes/No **If yes, where?**

Do you suffer from Back / Neck pain Yes/ No

Details

Any other Details

Does this condition affect your performance? Yes/ No

Details

Past History

Have you had or contracted any of the following

Epilepsy	Yes/ No	Hepatitis A	Yes /No
Heart Problems	Yes /No	Hepatitis B	Yes /No
Heart Murmur	Yes /No	Hepatitis C	Yes /No
Asthma/Bronchitis	Yes /No	Diabetes	Yes /No
Hernia	Yes /No		
Concussion	Yes/ No		

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

If yes, please specify

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

Signature: **Date:**