STRICTLY CONFIDENTIAL

Player Medical Information Form

ATHLETES DETAILS

Athletes Name:		
Date of Birth:		
Address:		
Home Phone:	Work Phone:	Mobile:

EMERGENCY CONTACT DETAILS

Name:		
Relationship:		
Home Phone:	Work Phone:	Mobile:

HEALTH CARE DETAILS

Medicare Number:	# Position on Card:
Private health Insurance Number:	Fund:
Private Dentist:	Phone Number:

DOCTORS DETAILS

Doctors Name:	Contact Phone Number:
Address:	
Can your Doctor be contacted after hours? Yes / No	
After Hours Contact Number:	

MEDICATION DETAILS

Blood Group:	Do you object to a blood Transfusion Yes / No
If applicable, have you received a medical clearance from your doctor for this season:	Yes / No
Do you take any regular medications? Yes/No (If yes, please List)	

Have you had…….		**Do you wear……**	
Epilepsy	Yes/No	Glasses	Yes/No
Hepatitis A	Yes/No	Hard Contact Lenses	Yes/no
Hepatitis B	Yes/No	Soft Contact Lenses	Yes/No
Diabetes	Yes / No	A mouthguard…	
Hearing Problems	Yes / No	At Training	Yes / No
Heart Murmur	Yes / No	At competition	Yes / No
Hernia	Yes / No		
Concussion…..			
Have you ever had concussion?	Yes / No		
How many times?			
Give approx dates:			
Do you wear protective head gear?	Yes / No		
If yes, please specify:			
Asthma…..			
Do you suffer from asthmas?	Yes / No	Do you take medication?	Yes / No
If yes, please list medication:			
Allergies…			
Are you allergic to:	Tape	Yes / No	
Medications	Yes / No		
If yes, please list medication(s):			
Please list any other allergies that you have:			

INJURY DETAILS:

Where you injured last season (or during) the off season?	Yes / No
If yes please list injury:	
Do you ever wear protective gear?	Yes / No
If yes please list:	
Have you sustained a fracture in the last three years?	Yes / No
If Yes please list:	
Have you sustained a dislocation the last three years?	Yes / No
If Yes please list:	
Are there any past injuries still effecting your performance (e.g. pain, stiffness)	Yes / No
If Yes please list:	

Do you require specific taping/padding for a previous injury	Yes / No
If Yes please list:	
Have you ever had a head, neck or spinal injury:	Yes / No
If Yes please list:	

ACTIVITIES/SPORT:

Do you participate in other sports?	Yes / No
Please indicate time commitment:	
Do you attend other groups/activities (e.g. scouts)?	Yes / No
Please indicate time commitment:	
Please list any other activities that require regular time commitments (e.g. work, music) - please indicate time	
commitment:	

By signing this Medical form I understand that: If I am physically unable to make a decision about my health or welfare and my Parent/Guardian/Relative over 21 of age is/are unavailable, I agree that the Team Manager/Hockey NT Representative should do the following and are authorised to supply the above information:

- **a)** **Refer to a medical practitioner, dentist or physiotherapist.**
- **b)** **Buy medical supplies important to my treatment.**
- **c)** **Give approval for anaesthetic, blood transfusion or injections to be given after every effort is made to get permission from my next kin.**
- **d)** **Give permission on my behalf to be tested for drugs.**
- **e)** **Give permission to release information to assist in preventing any delays in receiving medical treatment.**

Signature: …………………………………………… Date: ……………..……

Witness: ……………………………………..……. Date: …………...……...

Where a player is under 18 years of age, then a Parent or Guardian must sign the following agreement:

Signature: …………………………………………… Date: ……………..……

Witness: ……………………………………..……. Date: …………...……...

Privacy Statement: **Hockey NT** collects information about you to provide services to you and to facilitate your involvement in the game of hockey conducting marketing activities and market research. If the information is not provided Hockey NT may not be able to provide the service requested. Hockey NT may disclose your non-sensitive personal information to uniform suppliers, sponsors and to those organisations required by law. Further details can be found in our privacy policy at www.nthockey.asn.au You can gain access to the information Hockey NT holds about you by contacting Hockey NT's on 8945 0302.