



**Shepparton United  
Football/Netball Club**

ABN 42 584 216 477

**H.T. Luck Complex, Deakin Reserve**

PO Box 675, Shepparton, Vic. 3632

Telephone: 03 58213854

Website <http://www.sheppunitedfnc.com>

Email: [sheppunitedfnc@mcmedia.com.au](mailto:sheppunitedfnc@mcmedia.com.au)

**2017 MEDICAL FORM**

This report is compiled to assist us in case of any emergency or injury.

**ALL QUESTIONS MUST BE ANSWERED**

**NAME:** \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_                      PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Post Code: \_\_\_\_\_

PARENT'S / SPOUSE NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

ALTERNATIVE EMERGENCY CONTACT NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

FAMILY DOCTOR NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

***PLEASE CIRCLE YES / NO TO THE FOLLOWING QUESTIONS:***

**MEDICAL CONDITIONS:**

Have you ever had?	Heart Trouble	Yes	No
	High Blood Pressure	Yes	No
	Chest Trouble	Yes	No
	Asthma	Yes	No
	Rheumatic Fever	Yes	No
	Hepatitis	Yes	No
	Diabetes	Yes	No
	Fits or Epilepsy	Yes	No

Do you have any allergies to food /drugs?                      Yes                      No  
If Yes, please state: \_\_\_\_\_

Have you ever had any serious injury or illness?                      Yes                      No  
If Yes, please state: \_\_\_\_\_

Have you ever had any bleeding requiring special treatment?                      Yes                      No  
If Yes, please state: \_\_\_\_\_

Are you taking any tablets or medicines?                      Yes                      No  
If Yes, please state: \_\_\_\_\_

**INJURIES:**

RECURRENT INJURIES: (e.g. ankle sprain, hamstring sprains, groin strains)

.....

RELEVANT SURGERY FOR INJURY: (e.g. reconstruction) .....

.....

PREVENTABLE DEVICES: (e.g. taping, braces) .....

**INFECTIOUS DISEASES:**

Have you been immunised against HEPATITIS B? Yes No

Date of most recent TETANUS Booster: \_\_\_\_\_

**INSURANCE DETAILS:**

Are you a member of an Ambulance service? Yes No

Please state membership no. \_\_\_\_\_

Are you a member of a Health Insurance Fund? Yes No

Please state name of Fund and Membership No. \_\_\_\_\_

Medicare No: \_\_\_\_\_

**PLAYING DETAILS:**

Mouth Guard Yes No

Head Guard Yes No

Contact Lenses Yes No

Ankles taped Yes No

Shoulders / other taped Yes No

Eye Glasses Yes No

False Teeth Yes No

**OTHER DETAILS:** (e.g. deaf / blind in one eye?) .....

\*\*\*\*I hereby authorise the trainers / designated of the **Shepparton United Football /Netball Club Inc** to consent where it is impracticable to communicate with me, for me to receive such medical treatment as may be deemed necessary.

**Players signature:** ..... **Date:** ...../...../.....

**If player is under 18 years of age; parent / guardian signature:** .....

**Date:** ...../...../.....