



STRZELECKI BOWLS REGION

Athlete Medical Profile – Personal Record

All information on this sheet is confidential.

Access to this sheet is limited to Directors and Team Manager

Personal Details

Surname _____ Given Name/s _____

Address _____
Number _____ Street/Road _____

Suburb/Town/City _____ State _____ Post Code _____

Phone _____
Number _____

Sex M F Prefer to not disclose

DOB _____ Age _____ Height _____ Weight _____

Blood Group _____ Do you object to transfusions? Y N

Emergency Contact

Surname _____ Given Name/s _____

Phone _____
Number _____

Relationship _____

Health Care Details

Medicare No. _____ Private Health Y N Fund _____

Private Doctor _____ Phone _____

Address _____
Number _____ Street/Road _____

Suburb/Town/City _____ State _____ Post Code _____

Can Doctor be contacted at all times? Y N

Private Dentist _____ Phone _____

Address _____
Number _____ Street/Road _____

Suburb/Town/City _____ State _____ Post Code _____

Can Dentist be contacted in emergency? Y N

Current History

Current Medical Problems

Regular medications including supplements, stating name and dosage

Allergies

Sports Injuries (please list any injury which is current/recurring or requires surgery)

Past History

Have you had...

Epilepsy Y N
Diabetes Y N
Heart Problems Y N
Asthma/Bronchitis Y N
Hernia Y N

Do you wear...

Glasses Y N
Contact Lenses
Soft Y N
Hard Y N
Protective Equipment Y N

Have you sustained...

A fracture in last 3 years Y N If yes, where? _____
A dislocation Y N If yes, where? _____

Do you suffer from...

Reoccurring pain in any joint or muscle? Y N If yes, where? _____
Back / Neck pain? Y N If yes, where? _____

Have you ever been treated for a head, neck or spinal injury? Y N

Details

**To the best of my knowledge, all information contained on this sheet is correct
(if under 18 please have parent or legal guardian sign)**

Signature _____

Date: _____