



**MONTROSE**  
FOOTBALL CLUB

# Montrose Football Club Medical Form 2012

## Personal Details:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Sex: M / F    DOB: \_\_\_\_\_ Age: \_\_\_\_\_

## Emergency Contact 1:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Emergency Contact 2:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Health Care Details: (compulsory fields)

Medicare Number: \_\_\_\_\_

Ambulance Fund: Yes/No                      Membership Number: \_\_\_\_\_

Weight: \_\_\_\_\_ kg                      Height \_\_\_\_\_ cm

**Existing Medical Conditions:**

\_\_\_\_\_

\_\_\_\_\_

Regular Medications including supplements: \_\_\_\_\_

Allergies: \_\_\_\_\_

Sports Injuries: \_\_\_\_\_

**Past History:**

Have you had: (please circle) Epilepsy, Hepatitis A, Hepatitis B, Diabetes, Heart Problems, Heart Murmur, Asthma/Bronchitis, Hernia, Concussion.

Do you wear: (please circle) Glasses, contact lenses, braces or plates?

Have you sustained: (please circle) a fracture in the last 3 years? Yes / No

If yes, where \_\_\_\_\_

A dislocation: Yes / No if yes where? \_\_\_\_\_

Do you suffer from any recurring pain in any joint? Yes / No

If yes, where \_\_\_\_\_

Have you been treated for a neck or spinal injury? Yes / No

Details \_\_\_\_\_

**If your child suffers Asthma:**

Usual signs of asthma		Worsening signs of asthma	
Wheezing	Yes / No	Wheezing	Yes / No
Tightness in chest	Yes / No	Tightness in chest	Yes / No
Coughing	Yes / No	Coughing	Yes / No
Difficulty in breathing	Yes / No	Difficulty in breathing	Yes / No
Difficulty in speaking	Yes / No	Difficulty in speaking	Yes / No
Other _____		Other _____	

Does your child need assistance taking their medication. Yes / No

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

**If under the age of 18, parent or legal guardian to sign.**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**