



MONTROSE
FOOTBALL CLUB

Montrose Football Club
Medical Form
2011

Personal Details:

Surname: _____ Given Names: _____

Address: _____ State _____ PC _____

Home Phone: _____ Mobile: _____

Sex: M/F DOB: _____ Age: _____

Weight: _____ kg Height _____ cm

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: _____

Private Health Fund: Yes/No Name of Fund: _____

GP's Name: _____ Phone: _____

Address: _____

Ambulance Fund: Yes/No Membership Number: _____

Dentist: _____ Phone: _____

Address: _____

Current 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	Difficult 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 sign.

Sign

Date