



Capital Football Academy Player Medical Profile 2008

All information on this sheet is confidential
Access will be limited to squad staff and Capital Football officials only.



Personal and Family Details

Surname First Name.....

Address

Home Phone..... Date of Birth

Mother's Name Father's Name

Alternative Contact Numbers.....

Email Address

Australian Citizen (please tick one) Yes No

Academy Squad 2007 (eg Under 12 'Mercury' Girls).....

Health and Medical Details

Medicare Number

Private Health..... Membership Number.....

Private Doctor Contact Numbers.....

Private Dentist..... Contact Numbers.....

Special Dietary Requirements (e.g. vegetarian, lactose intolerant, etc)

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Academy and Capital Football staff are not allowed to transport injured or ill players for medical treatment under any circumstances.
All transport is to be performed by the appropriate ambulance services in the appropriate State or Territory.

Please complete the medical questionnaire on page 2

Declaration

Please tick *one* box

- My son/daughter has ambulance cover for the period 1 October 2007 to 31 September 2008.
- I agree to cover all costs associated with the transport of my son/daughter/myself to/from hospital, medical centre or any medical services if the squad staff determines that it is necessary.

To the best of my knowledge all information contained in this profile is correct.
(if under 18 please have parent or legal guardian sign)

Signature Date.....

Medical Details

Do you object to the trainer giving disprin to your child? No Yes

Do you object to transfusions? No Yes Blood Group.....

Please list any regular medications.....

Do you wear:

Glasses No Yes Hard Contact Lenses No Yes Soft Contact Lenses No Yes

Have you had/have:

Epilepsy No Yes Hepatitis A No Yes Hepatitis B No Yes

Diabetes No Yes Heart Problems No Yes Hernia No Yes

Have you been vaccinated against:

Hepatitis A No Yes Hepatitis B No Yes Tetanus No Yes

Other No Yes (specify).....

Have you ever suffered from concussion? No Yes

How many times?..... Approximate dates.....

Do you wear a mouthguard to training? No Yes Competition No Yes

Do you suffer from asthma? No Yes

What medication(s) are you on?.....

Are you allergic to: Tape No Yes Ice No Yes Medications No Yes

If 'Yes' please specify.....

Other allergies.....

Injury Details

Were you injured last season or during the off-season? No Yes - if 'Yes' please specify

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Do you wear protective equipment? No Yes - if 'Yes' please specify

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Have you sustained a fracture in the last 3 years? No Yes - if 'Yes' please specify

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Have you sustained a dislocation in the last 3 years? No Yes - if 'Yes' please specify

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Are there any past injuries still affecting your performance? No Yes - if 'Yes' please specify

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Do you require specific taping for an injury? No Yes - if 'Yes' please specify

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Have you ever had a head, neck or spinal injury? No Yes - if 'Yes' please specify

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