



## MEDICAL FORM FOR SGFC

**NAME:** ..... **DATE of BIRTH:** .....

**ADDRESS:** ..... **P/CODE:** .....

**TELEPHONE** Home..... Work ..... Mobile: .....

**EMAIL:** .....

### **EMERGENCY CONTACT:**

Name: ..... Phone: .....

**MEDICARE NUMBER:** ..... **Expiry Date** .....

**PRIVATE HEALTH FUND and MEMBERSHIP NUMBER:** .....

### **GENERAL PRACTITIONER:**

Name: .....

Address: ..... Phone:: .....

### **FAMILY HISTORY:**

Heart disease: Yes  No  Details.....

Death at an early age: Yes  No  Details.....  
(of parent or sibling)

Other: .....

### **MEDICAL CONDITIONS**

Asthma Yes  No  Details.....

Diabetes: Yes  No  Details.....

Epilepsy: Yes  No  Details.....

Rheumatic fever: Yes  No  Details.....

Other: .....

### **SYMPTOMS with EXERCISE**

Excessive fatigue: Yes  No  Details.....

Undue breathlessness: Yes  No  Details.....

Chest pain: Yes  No  Details.....

Palpitations: Yes  No  Details.....

Dizziness or Fainting: Yes  No  Details.....

Other: .....

Cont Over .....

**IMMUNISATIONS:**

Tetanus Yes  No  (date).....

Hepatitis B Yes  No  (date) .....

Other Yes  No  (details & date) .....

**ALLERGIES:** Yes  No  Details.....

**INJURIES:**

Chronic: (longstanding) 1 .....

2 .....

3 .....

Acute: (recent) 1 .....

2 .....

3 .....

**OPERATIONS: (date and surgeon)**

1 .....

2 .....

3 .....

**MEDICATION:**

Prescribed: .....

Recreational drugs: .....

**CONTACT LENSES**

Yes  No  Details.....

Signed: ..... Date: .....

Parent/Guardian: ..... Date: .....  
(if player is under 18 years)