**BRISBANE VETERANS RUGBY LEAGUE FOOTBALL CLUB**

**PLAYER MEDICAL ADVICE FORM 2021**

PLAYER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLAYER’S DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEDICARE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIVATE HEALTH FUND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP/MEDICAL CENTRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMEGERNCY CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT MOBILE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I GIVE PERMISSION TO CALL AN AMNBULANCE IN AN EMERGENCY: YES / NO

|  |  |  |
| --- | --- | --- |
| **DOES THE PLAYER SUFFER FROM** | **Y / N** | **MANAGEMENT IN PLACE** |
| DIABETES |  |  |
| ASTHMA |  |  |
| EPILEPSY |  |  |
| BRONCHITIS |  |  |
| PLEASE LIST ALL ALLERGIES: |

DOES THE PLATER EXPERIENCE ANY OF THE FOLLOWING SIGNS OR SYMPTOMS DURING PHYSICAL ACTIVITY?

|  |  |
| --- | --- |
| UNDUE SHORTNESS OF BREATH |  |
| CHEST PAIN |  |
| LIGHT HEADEDNESS, DIZZINESS OR FAINTING EPISODES |  |
| BECOME TIRED/FATIGUED EASILY |  |

ANY OTHER CONDITIONS OUR CLUB SHOULD BE AWARE OF? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGULAR OR CURRENT MEDICATION? I.E. REASON, TIMING OF DOSE ETC. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY PHYSICAL PROBLEMS (I.E. MUSCULAR OR JOINT) THAT MAY LIMIT YOUR PHYSICAL ACTIVITY?

HAVE YOU SUFFERED CONCUSSION IN THE LAST 3 YEARS? SUPPLY TREATMENT AND OUTCOMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU AWARE OF THE INHERENT RISKS OF PARTICIPATING IN PHSYCIAL ACTIVITY SUCH AS RUGBY LEAGUE?

YES / NO

I DECLARE THIS TO BE A TRUSE STATEMENT OF MY, THE PLAYER’S. HEALTH STATUS AS PER THE DATE BELOW.

I WILL INFORM THE CLUB FIRST AID OFFICER OF ANY PROBLEM THAT MAY OCCU DURING THE SEASON THAT IS RELEVANT TO MYSELF AS THE PLAYER PARTICIPATING IN RUGBY LEAGUE.

PLAYER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_/ \_\_\_\_\_\_\_\_