Stirling Districts Soccer Club

PLAYER MEDICAL - PERSONALRECORDS

SURNAME .....GIVEN NAMES: .....

CURRENT HISTORY:

Medical problems: .....

Allergies: .....

Sports injuries, [List any injury which is current/recurring or requires surgery]

.....

PAST HISTORY:

Have you had:		Do you wear:	Have you sustained:
Epilepsy	[ ]	Glasses yes/no	A fracture yes/no
Diabetes	[ ]		If yes, where?
Heart Problem	[ ]	Contact lenses yes/no	.....
Asthma	[ ]		A dislocation yes/no
Hernia	[ ]	Mouth guard yes/no	If yes, where?
Concussion	[ ]		.....

DO YOU SUFFER FROM:

Recurring pain in any joint with play/practice, yes/no

If yes, which joint?.....

Back/Neck pain, yes/no .....

Have you ever been treated for a head, neck or spinal injury? yes/no

Details .....

Does this condition affect your performance? .....

EMERGENCYCONTACT

Surname.....Name.....

Home Phone No.....Business Phone No.....

Relationship.....

Can own Doctor be contacted in an emergency? Yes/No.
If Yes, Name, ...Phone No.....

Can own Dentist be contacted in an emergency? Yes/No.
If Yes, Name, ...Phone No.....

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

SIGNED.....Date.....
[Parent or Guardian if under 18]