



BURPENGARY JETS JUNIOR RLFC. SENIOR PLAYER MEDICAL ADVICE CARD

*Must be handed into your Team Manager for them to scan and email to managers@burpengaryjets.com.au

TEAM: _____ COACH: _____

PLAYER'S NAME: _____ D.O.B.: ____/____/____

ADDRESS: _____

TELEPHONE: _____ MEDICARE #: _____

PRIVATE HEALTH FUND: _____ MEMBERSHIP # _____

FAMILY DOCTOR/MEDICAL CENTRE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____ RELATIONSHIP TO PLAYER: _____

I GIVE PERMISSION TO CALL AN AMBULANCE: **YES / NO**

Does the player suffer from?	Yes	No	Management
Diabetes			
Asthma			
Epilepsy			
Bronchitis			
Allergies (please list)			
During training/playing does the player experience?	Yes	No	Management
Undue shortness of breath/ Chest pain			
Become tired/fatigued easily			
Light headedness, dizziness, or episodes of fainting			
Do you require taping every game			Where:
Have you had your full course of Hepatitis "B" injections			Date:
Have you suffered concussion in the last three years			How many times:
Please provide dates concussions occurred and attach details of treatment and outcomes of all concussions in the last 3 years.			
Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES / NO			
When did you have your last full medical check-up?			
How long have you been playing Rugby League?		What position do you usually play?	

Any regular medication or current medication? (please supply details i.e. reason for medication/times etc)

<p>If you've had any of these previous injuries can you please provide dates injuries occurred and the treatment you received. Fracture, Dislocation, Neck Injury, Back Injury, Ankle Sprain, Knee Problems and attach any other information relevant to managing an injury or any other conditions that our club should be aware of.</p>
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- I declare this to be a true statement of the player's health status as at the date below.
- I will inform the Club, Coach and First Aid Officer of any problem that may occur during the season that is relevant to the player playing Rugby League.

Please tick the box if extra information is attached to your Senior Player Medical Advice Card.

Parent/Guardian Signature: _____ Date: ____/____/____

Additional Information: