PERSONAL MEDICAL DETAILS

FORM FOR ALL PLAYERS TO COMPLETE

This information is to help provide a better understanding of your medical concerns and condition in the case of an emergency/accident.

The information is confidential and it is the responsibility of the player to safeguard

(Thanks to the LX Club, England for their permission to reproduce this form)

PLAYER'S NAME:

First Name: DoB:

Surname: AGE:

Mobile Tel: Blood Group: (if known)

Home Tel: Resting Pulse:

Travel Insurance Details (for overseas competitions)**:**

Company: ……. Policy No: ……

Contact Tel. No:

Home: Abroad:

Sports Insurance Details (if different)**:**

Company: ……. Policy No: ……

Contact Tel. No:

Home: Abroad:

When playing do you wear?

Contact Lenses (yes/no)?

False Teeth (yes/no)?

Do you use an inhaler (yes/no)?

If yes, which one, e.g.Ventolin?

……

Date of last Tetanus injection:

Any artificial body replacements (yes/no)**?**

If Yes, give details, e.g. false knee, heart valve etc:

Do you have any capped or crowned teeth (yes/no)**?**

Are you at present carrying any injuries? If yes, give details:

Do you have any of the following?	YES/NO
Heart Disease/Stroke	
High Blood Pressure	
Low Blood Pressure	
High/Low Cholesterol	
Diabetes Mellitus – Type I / II	
Coagulation (Bleeding/Clotting Disorder)	
Thyroid Problem	
Asthma/Emphysema	

Do you have any of the following?	YES/NO
Arthritis	
Epilepsy	
Have you experienced?	
Chest Pains/Pressure	
Fainting Dizziness	
Rapid/Irregular Heart Beat	
Blurred/Double Vision	
Unusual Difficulty Breathing/Short Breath	

Continued over:

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PLAYER'S NAME:

Are You Taking Any Regular Medications?
Prescription and non-prescription medicines, vitamins, home remedies, herbs:

Medication	Dose & Details

Medication	Dose & Details

Do You Know of any Allergies or Reactions to Medicines/Food/Other Agents?

Cause	Reaction or Side Effect

EMERGENCY CONTACT NAME / NEXT OF KIN

Telephone Numbers: Home: Mobile:

Any Additional Information (please continue on separate sheet if necessary)**:**

Signed:	Date: