



PLAYER / PARTICIPANT MEDICAL PROFILE – PERSONAL RECORD

All information on this sheet is confidential. Access to this sheet is limited to medical staff, club officials, manager and coach.

This information will be treated in accordance with the Privacy Statement below.

Personal Details

Surname _____ Given Names _____

Address _____

Suburb _____ Postcode _____

Home Phone _____ Mobile Phone _____ Business Phone _____

Sex M F Date of Birth Age _____

Emergency Contact

Surname _____ Given Names _____

Home Phone _____ Mobile Phone _____ Business Phone _____

Relationship to above _____

Health Care Details

Medicare Number _____ Private Health Fund Insurance _____ Yes No

Do you have Ambulance cover Yes No

Private Doctor _____ Telephone _____

Address _____

Suburb _____ Postcode _____

Private _____ Phone _____
Dentist _____

Address _____

Suburb _____ Postcode _____

Certain medical conditions or previous injuries may influence your ability to participate in sport.

Examples of these include but are in no way limited to:

- Arthritis
- Asthma
- Cardiac
- Diabetes
- Previous Injuries
- Spinal Injuries
- High blood pressure
- Epilepsy

Health and Medical Clearance

To ensure your safety and wellbeing, we ask that all participants review the following information:

If you have any pre-existing medical conditions or concerns about yours or your child's ability to participate, we **strongly recommend** that you consult your doctor for a medical check-up and obtain clearance before taking part in any activities.

This is particularly important for adult participants who:

- Are returning after a period of inactivity
- Are participating for the first time
- Have experienced symptoms such as shortness of breath, chest pain, chest tightness, or other heart-related issues

For further information on heart health, please visit: www.heartfoundation.org.au

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

(if under 18 please have parent or legal guardian sign)

Signature _____

Date _____

PRIVACY STATEMENT

Our organisation is committed to protecting your privacy and complies with the National Privacy Principles under the Privacy Act 1988.

The information collected on this form includes sensitive personal and medical details, which will be handled with the **highest level of confidentiality and professionalism**.. This information is collected solely to provide us with an understanding of your medical history and current health status to ensure your or your child's safety during participation.

Sensitive information will **not** be shared or used for direct marketing purposes.

In the course of managing your or your child's participation, this information may be disclosed to relevant parties such as healthcare providers, including our sports trainers and first aid personnel. It may also be accessed by coaches, team officials, directors, and, if necessary, our professional advisers or insurance providers.

Please note that if you choose not to provide some or all of the requested information, it may limit your ability to participate in our sporting activities.

For more information about how we manage your personal information, please contact the Secretary or reach out to our organisation directly.