

STIRLING DISTRICTS FOOTBALL CLUB



PLAYER MEDICAL FORM 2021

Please complete and sign this form and return it to your Team Manager.

PLAYER'S SURNAME: GIVEN NAMES:.....

FFA NUMBER TEAM:

PAST HISTORY	Have you had any of the following	If yes, any further details
Epilepsy	No/Yes	
Diabetes	No/Yes	
Hernia	No/Yes	
Asthma	No/Yes	
Concussion	No/Yes	
Heart Problem	No/Yes	
Dislocations	No/Yes	
Broken/Fractured Bones	No/Yes	
Eye sight issues	No/Yes	Glasses/Contacts
Allergies	No/Yes	
DO YOU SUFFER FROM		
Any sports injuries which are current that require attention	No/Yes	
Recurring pain in any joint from playing	No/Yes	
Back/Neck Pain	No/Yes	
Have you ever been treated for a head, neck or spinal injury?	No/Yes	
Any other conditions, not mentioned above	No/Yes	

EMERGENCY CONTACTS

Surname..... First Name.....

Home Phone No..... MobilePhone

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]