



## Gracemere Redbacks Football Club PERSONAL MEDICAL DETAILS

PLAYERS NAME: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### EMERGENCY CONTACT 1

First Name		Surname	
Relationship to Player			
Home Address			
		Postcode	
Home Phone		Personal Mobile	
Business Phone		Business Mobile	

### EMERGENCY CONTACT 2

First Name		Surname	
Relationship to Player			
Home Address			
		Postcode	
Home Phone		Personal Mobile	
Business Phone		Business Mobile	

### MEDICAL INFORMATION

**Immunisation Details** (Please complete. List others as appropriate)

Injection	Yes	No	Date of Injection	
Tetanus				
Hepatitis B				
Do you get asthma?			Yes	No
Is your asthma, Exercise induced asthma?			Yes	No
If Yes to any of the above, list medication and attach Action Plan.				
Do you suffer from Anaphylactic reactions?			Yes	No
If Yes list medication and attach Action Plan.				
Are you currently being treated by a medical practitioner?			Yes	No
If Yes list details. NOTE: Please list any current medication.				

<b>Medicare Card No.</b>		<b>Position No.</b>	
Cardholder Name			
Private Health Insurance Company Name (if covered)			
Private Health Insurance Membership Number			

**Please list any other relevant medical history or additional support needs**