MEDICAL FORM

PERSONAL DETAILS

Name: _____ DOB: _____

Address: _____

Postcode: _____ Email: _____

Home Phone: _____ Mobile: _____

NEXT OF KIN/EMERGENCY CONTACTS

Next of Kin: _____ Relationship to You: _____

Contact Number: _____

Other emergency contacts if Next of Kin are not available (In order of preference):

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

MEDICAL PRACTITIONER

Local GP and surgery details: _____

_____

CURRENT MEDICAL INFORMATION

Yes	No	If you answer Yes to any section please provide further information in the section provide below:
☐	☐	Do you have asthma, chest tightness, wheezing or coughing spells during or after exercise?
☐	☐	Have you had any chest pains, dizziness, shortness of breath, or excessive fatigue during exercise?
☐	☐	Have you ever suffered a heat-related illness (eg; dizziness, cramps, blurred vision, disorientation, collapse)?
☐	☐	Have you ever fainted, lost consciousness or been concussed?
☐	☐	Do you suffer from high or low blood pressure?
☐	☐	Do you suffer from Diabetes? If so how is it managed?
☐	☐	Has anyone in your family suffered a heart attack, any hereditary disease, cardiac related illness or sudden death before the age of 50?
☐	☐	Have you ever had a heart abnormality or murmur diagnosed by a doctor?
☐	☐	Have you ever had an abnormal heart rate, palpitations or irregular heart beat?
☐	☐	Have you ever had an ECG or a history of abnormal ECG?
☐	☐	Do you have any other chronic illness or see your doctor regularly for any other problem (e.g. epilepsy, thyroid problems, bowel disorder)?
		Please state: _____
☐	☐	Have you ever had surgery or required hospitalisation? Please list, including approximate dates:
☐	☐	Have you, or a close relative, ever suffered from depression/anxiety?

Yes	No	
☐	☐	Is your level of cholesterol known to be high?
☐	☐	Are you a smoker?
☐	☐	Do you suffer from any respiratory (breathing) disorders (e.g. asthma, hayfever etc)?
☐	☐	Have you ever had a nutritional deficiency diagnosed (eg; iron, vitamin B12) or been diagnosed with an eating disorder?

Further comments: _____

_____

_____

MEDICATION / ANTI-DOPING

Yes	No	
☐	☐	Do you take any prescribed medicine? Please list type and dose: _____
		_____
☐	☐	Do you use 'over the counter' supplements/medication/herbal remedies? Please list: _____
		_____

Yes No

☐ ☐ Do you have any allergies e.g. to any medication, insects or other agents? Please list: _____

_____

☐ ☐ Do you carry an Epi-Pen?

INJURY HISTORY

Yes No

☐ ☐ Have you had any injuries/medical conditions that have interfered with your sporting career?
For each injury/condition, state:

Nature of injury _____ Date of injury _____

Any residual problems _____

☐ ☐ Do you have any current injuries? If Yes, are you currently receiving treatment?

Nature of injury _____ Date of injury _____

Current treatments _____

Is there any other medical conditions or information other than as set out above that you think Guernsey FC should be aware of?

_____

_____

_____

VACCINATIONS

Please put dates if you have had any of the following:

Tetanus: _____ Influenza: _____

Hepatitis A: _____ Hepatitis B: _____

Meningitis C: _____

MEDICAL CONFIDENTIALITY AGREEMENT AND INFORMED CONSENT

I have read and fully understand this entire form. I have answered the questions thoroughly and accurately. I understand that it is my responsibility to inform the Guernsey FC Medical Team of any changes to the information in this form.

I agree to the information on this form being disclosed to all persons within the Guernsey FC Medical Team and Management (including directors and coaches) and where necessary to any medical professional to ensure my health and well-being.

In the case of an emergency, I understand that a person within the Guernsey FC Medical Team and Management (including directors and coaches) will use his/her best endeavours to contact my Next of Kin or Emergency Contacts, but in the event that this is not possible or practicable I hereby give such person my full consent to make decisions he/she considers are in my best interests and will hold such person or persons and Guernsey FC LBG harmless in relation to such decisions.

Print Name: _____ Date: _____

Signed: _____

Print Name: _____ Date: _____

Signed: _____

To be signed by parent/guardian for those under 18