



MEDICAL ADVICE FORM

Senior Player (confidential)

To the Player,

The introduction of a standard Medical Advice Form is to assist those who care for you during the season to provide, as far as is humanly possible, a safe training and playing environment for you....**personally**. It is also meant to be used as a means of providing advice for you about an injury or condition you may have so that you can participate safely and gain full enjoyment out of playing the game of Rugby League.

It is not meant, in any way to be an invasion of your privacy, nor will it be used or given to any other person without your permission. The only people who will have access to this form will be the appointed Rugby League First Aid Officer for your club, club doctor, your private doctor or the honorary club/league/group doctor.

The effectiveness of this form in providing the above will only work if you complete this form honestly and view such a form in a positive manner.

You may be asked to have a medical evaluation before you play, this will be rare. If you are asked to have a medical evaluation, please view this as caring for you as a person. The basic aim then of this form is to provide the best possible care for these who matter most in the game of Rugby League....you the player.

I hope you have a successful and enjoyable season

Yours in Rugby League

.....
Club First Aid Officer

.....
Club President

Name				Club	
Address					
Telephone	(H)	(W)	D.O.B.		
Family Doctor			Telephone		
Medical Cover	Private	Medicare No.			
I give permission to call an Ambulance in an emergency				YES / NO	
Name of person to contact in an emergency					
Telephone			Relationship		
Do you suffer from			Yes / No	Management	
Diabetes					
Asthma					
Epilepsy					
Do you experience any of the following signs and symptoms during training/playing?					
Undue shortness of breath					
Chest pain					
Light headedness, dizziness or episodes of fainting					
Become tired/fatigued easily					

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Allergies (please list)		
Do you take any regular medications/s?	YES / NO	
Type	Reason	
Previous Injuries	When	Treatment
Fracture		
Dislocation		
Neck injury		
Back injury		
Ankle sprain		
Knee problems		
Do you require taping every game YES / NO Where?		
Have you suffered concussion in the last 3 years? YES / NO		
How many times? Treatment?		
When did you have your last full medical check up?		
Have you had your full course of Hepatitis "B" injections? YES / NO		
How long have you been playing Rugby League?		
What position do you usually play?		
Other information relevant to managing an injury you may sustain		
Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES / NO		
I declare this to be a true statement of my health status as at the date below		
I will notify the Club First Aid Officer of any problem that may occur during the season that is relevant to my health status and playing Rugby League.		
Signed:	Date:	
Checked by:	Position in Club:	
Checked by:	Medical Practitioner:	

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