

PRE-PARTICIPATION QUESTIONNAIRE

All information on this sheet is confidential.

Access to this sheet is limited to Director, Sports First Aider, Sports Trainer and Coach



Personal Details

Surname	<input type="text"/>	Given Names	<input type="text"/>	
Address	Street Address <input type="text"/>		Home Phone Area Code	Home Phone Number <input type="text"/>
	Suburb / Town <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Business Phone Area Code <input type="text"/>
Business Phone Number <input type="text"/>	Mobile Phone Number <input type="text"/>	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
Date of Birth <input type="text"/>				

Emergency Contact

Surname	<input type="text"/>	Given Names	<input type="text"/>	
Home Phone	Area Code	Number <input type="text"/>		
	Business Phone Area Code <input type="text"/>	Business Phone Number <input type="text"/>		
Relationship <input type="text"/>	Mobile Phone Number <input type="text"/>			

Health Care Details

Medicare Number <input type="text"/>	Private Health Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fund <input type="text"/>
Private Doctor Name <input type="text"/>	Telephone Area Code <input type="text"/>	Telephone Number <input type="text"/>		
Can Doctor be contacted at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, AH contact Area Code <input type="text"/>	If yes, AH contact Number <input type="text"/>
Private Dentist Name <input type="text"/>	Telephone Area Code <input type="text"/>	Telephone Number <input type="text"/>		
Can Dentist be contacted at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, AH contact Area Code <input type="text"/>	If yes, AH contact Number <input type="text"/>

Other Commitments

Do you participate in other sports? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you attend other Groups (e.g. scouts, Venturers, etc)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please list other activities that you have a regular commitment to (e.g. part time work, music, etc)																		
If yes, please complete table below for each sport	If yes, please complete table below for each group	If yes, please complete table below for each sport																		
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Medical Details

Blood Group

Do you object to transfusions? Yes No

Have you received medical clearance from your doctor for this season? Yes No

Do you take any regular medications?

If yes, please list

Have you had . . .

- Epilepsy Yes No
 Hepatitis A Yes No
 Hepatitis B Yes No
 Diabetes Yes No
 Heart Problems Yes No
 Heart Murmur Yes No
 Hernia Yes No

Concussion . . .

Have you ever had concussion? Yes No

How many times?

Give approx dates

Do you wear protective head gear? Yes No

If yes, specify

Vision

Do you wear:

- Glasses Yes No
 Hard contact lenses Yes No
 Soft contact lenses Yes No

Teeth . . .

Do you wear a Mouthguard? Yes No

If yes, specify type

Do you wear your mouthguard:
 at training Yes No
 at competition Yes No

Asthma . . .

Do you suffer from asthma? Yes No

Do you take medication? Yes No

If yes, specify

Do you bring your medication to training/competition? Yes No

Vaccinations

Have you been vaccinated against:

- Hepatitis A Yes No
 Hepatitis B Yes No
 Tetanus Yes No
 Other Yes No

If other, please specify

HIV status (optional)

Allergies . . .

Are you allergic to:

- Tape Yes No
 Ice Yes No
 Medications Yes No

Please specify medications

List any other allergies you have:

Injury Details

Were you injured last season? Yes No

If yes, please list

Are there any past injuries still affecting your performance (e.g pain, stiffness)? Yes No

If yes, please list

Do you wear protective equipment? Yes No

If yes, please list

Do you require specific taping / padding for a previous injury? Yes No

If yes, please specify

Have you sustained a fracture in the last 3 years? Yes No

If yes, please list

Have you sustained a dislocation in the last 3 years? Yes No

If yes, please list

Have you ever had a head, neck or spinal injury? Yes No

If yes, please give details

To the best of my knowledge, all information contained on this sheet is correct (if under 18 please have a parent or legal guardian sign)

Signature

Date