

ATHLETE / PARTICIPANT MEDICAL PROFILE

All information on this sheet is confidential. (In the case of a Medical Emergency)

I Hereby AGREE to the limited access of the following Information.

Athlete Name.....

SIGNED.....

If under 18yrs Parent / Guardian to sign

Parent / Guardian Name.....

Personal Details

Surname:

Given Names:

Address:

Postcode:

Home Phone:

Mobile:

Email:

Date of Birth:

Gender: Male / Female

Covid19 Vaccination: (1), (2), Booster. Yes / No

Date:

Emergency Contact Person

Name of Emergency Contact:

Relationship to you:

Phone Number:

Health Care Details

Medicare Number:

Private Health Insurance: YES / NO

If yes Name of Fund

Name of Doctor / GP:

Phone Number:

Name of Dentist:

Phone Number:

**Current Medical History**

Covid19 Vaccination: (1), (2), Booster. Yes / No

Date:

List current medical conditions including any recent surgical procedures (please attached additional notes where necessary)	Details:
List regular medications including supplements, including name and dosage	Details:
Do you have any Allergies?	Yes / No if yes, please list type and severity
Do you wear glasses?	Yes / No Do you wear contact lens? Yes / No
Do you suffer from recurring pain?	Yes / No If yes, please list type and severity
Do you suffer from back/neck pain?	Yes / No if yes, please list type and severity
Have you been treated for head, neck or spinal injury?	Yes / No if yes, please list type and severity
List any injury which is current, recurrent or requires surgery.	Details:
Do you have any other medical conditions?	Details:
Do you consent to blood transfusion:	Yes / No <b>Blood Group.</b>
Do any of these conditions affect your performance?	Yes / No

**Past Medical History**

Have you had or contracted any of the following?

Epilepsy	Yes / No	Hepatitis A	Yes / No
Heart Problems	Yes / No	Hepatitis B	Yes / No
Heart Murmur	Yes / No	Diabetes	Yes / No
Asthma/Bronchitis	Yes / No	Concussion	Yes / No
Hernia	Yes / No	Other: _____	

**NO-LIMITS Athletes:**

Please attach additional medical information / condition relevant to your health and wellbeing .

Team Management will communicate with Parents / Guardian and Judo Tasmania No-Limits committee regarding individual's participation.