DIVING VICTORIA

Athlete Medical Profile - Personal Record

All information on this sheet is confidential.

Personal Details

Surname | Given Names

Address | Number | Street/Road

Suburb | State | Postcode

Home Phone | Mobile Phone | Work Phone

Age | Date of Birth | Sex M ☐ F ☐ | Height cm | Weight kg | Blood Group

Do you object to transfusions Yes ☐ No ☐

Emergency Contact

Surname | Given Names

Home Phone | Mobile Phone | Work Phone

Relationship

Health Care Details

Medicare Number

Private Health Insurance Yes ☐ No ☐

Health Fund

Private Doctor | Phone Number | Mobile Phone

Address

Number | Street | Suburb | State | Postcode

Can Doctor be contacted at all times in an emergency Yes ☐ No ☐

Private Dentist | Phone Number | Mobile Phone

Address

Number | Street | Suburb | State | Postcode

Can Dentist be contacted at all times in an emergency Yes ☐ No ☐

Athlete Medical Profile - Personal Record

All information on this sheet is confidential.

Current History

Current Medical Problems

Regular Medications including Supplements and dose

Allergies

Injuries (Please list any injury that is current/recurring or requires surgery)

Past History

Have You had?			Do you wear?			Have you sustained?		
Epilepsy	**Yes** ☐	**No** ☐	**Glasses**	**Yes** ☐	**No** ☐	A fracture in last 3 years	Yes ☐	No ☐
Diabetes	**Yes** ☐	**No** ☐	**Contact Lenses**			Where and how?		
Hepatitis A	**Yes** ☐	**No** ☐	**Soft**	**Yes** ☐	**No** ☐			
Hepatitis B	**Yes** ☐	**No** ☐	**Hard**	**Yes** ☐	**No** ☐	A dislocation in last 3 years	Yes ☐	No ☐
Heart Problems	**Yes** ☐	**No** ☐	**False teeth**	**Yes** ☐	**No** ☐	Where and how?		
Heart Murmur	**Yes** ☐	**No** ☐	**Dental Plate**	**Yes** ☐	**No** ☐			
Asthma/Bronchitis	**Yes** ☐	**No** ☐	**Other item**	**Yes** ☐	**No** ☐	Do you suffer from any		
Hernia	**Yes** ☐	**No** ☐	**Specify**			Recurring Joint pain	Yes ☐	No ☐
Concussion	**Yes** ☐	**No** ☐				Back/Neck pain	Yes ☐	No ☐

Have you been treated for a head, neck or spinal injury? Yes ☐ No ☐

Details

Does this condition affect your performance

To the best of my knowledge, all information contained in this form is correct

(if under 18 please have parent/guardian sign)

Name: _____ Signature _____ Date ☐☐/☐☐/☐☐

Please Print