



St. James RODS Football Club

2020

_____ jersey #

Player Medical Information

_____ age group/team

All information on this sheet is confidential and is only for the purpose of the management of the player's health affecting football.

General Information

Player name _____ Date of Birth _____

Address _____

Phone # _____ Alternate phone # _____

Emergency contact _____ Relationship _____

Phone # _____ Alternate phone # _____

MB Health medical # _____

family

personal

Medical History

Does the player have any of the following conditions?

List active or previous medical conditions which required care including hospitalization / surgery

- | | |
|------------------------------|-------|
| _____ allergy | _____ |
| _____ asthma | _____ |
| _____ backache | _____ |
| _____ broken bone | _____ |
| _____ diabetes | _____ |
| _____ dislocation | _____ |
| _____ epilepsy | _____ |
| _____ eye / ear injuries | _____ |
| _____ fainting | _____ |
| _____ hay fever | _____ |
| _____ headaches | _____ |
| _____ heart disease | _____ |
| _____ hernia | _____ |
| _____ high blood pressure | _____ |
| _____ joint injuries | _____ |
| _____ nose bleeds (frequent) | _____ |

Please turn over....

