



TOURNAMENT QUESTIONNAIRE

The information you provide in this questionnaire is confidential and will not be shown to any one else except the coaching/managing staff.

PERSONAL DETAILS

Name:

Address:

Date:/...../..... Date of birth:/...../..... Telephone:

Doctor: Telephone:

Physio: Telephone:

NEXT OF KIN (EMERGENCY PURPOSES ONLY)

Name:

Address:

Relationship: Telephone:

HEALTH HISTORY

Do you have any medical conditions/disability? If the answer is "yes" please list the condition and any medication you take for it. If you wish to advise of a confidential condition please speak directly with your Manager or Coach.

CONDITION: For example, asthma, diabetes, epilepsy, anaemia, hepatitis a,b or c

ALLERGIES: For example, bee stings, medications (give drug names)

FOOD ALLERGIES:

INJURY HISTORY

List any injuries you have had in the past year eg: sprain/strain ankle or knee, concussion, fracture) list the treatment you had and who gave you the treatment : Doctor/Physio. Please continue overleaf if required

Injury	Date	Treatment	Current status
	/ /		
	/ /		
	/ /		