



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: _____ DOB: _____ PH: _____

Doctor: _____ PH: _____

Physio: _____ PH: _____

NEXT OF KIN (EMERGENCY PURPOSES ONLY)

Name: _____

Address: _____

Relationship: _____ PH: _____

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: eg. Asthma, diabetes, epilepsy, anaemia, hepatitis a,b or c etc.

ALLERGIES: eg: bee stings, medications (give drug names)

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