



Player profile form

Personal details

Name			
Address			
Telephone		Mobile	
Email			
Date of birth			

Emergency contact

Name			
Address			
Relationship to player			
Telephone		Mobile	

Medical history

Do you have any medical conditions, disabilities or allergies?

If the answer is yes, please list each condition, disability or allergy and any medication you take for it.

Condition / disability (e.g. asthma, diabetes, epilepsy, anaemia, haemophilia, viral illness, etc)	Medication (e.g. tablets, inhalers, creams, etc - give drug names)	Frequency (e.g. twice daily, only with symptoms, etc)

Allergy (e.g. bee stings, etc)	Medication (e.g. tablets, inhalers, creams, etc - give drug names)	Dose / frequency

History of injury (list any injuries, when they happened and who treated you)

Injury (e.g. concussion)	When (e.g. Sept 2007)	Treatment received	Who treated you (e.g. doctor)	Current status of injury (fully recovered or not)



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Health and fitness assessment

In which other sports / physical activities are you involved?	
How many hours per week do you train?	
Have you played Rugby before?	
If yes, where and for how many seasons?	
Height	
Weight	

Cardiac questionnaire (please tick each box that applies to you)

Fainting	<input type="checkbox"/>	Palpitations	<input type="checkbox"/>
Dizzy turns	<input type="checkbox"/>	Chest pain or tightness	<input type="checkbox"/>
Breathlessness or more easily tired than team-mates	<input type="checkbox"/>	Sudden death in your immediate family of anyone under 50	<input type="checkbox"/>
History of high blood pressure	<input type="checkbox"/>	Smoking (how many per day)	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>		

Signatures

Date of profile completion	
Player's signature (or guardian if under 18)	
Profiler's signature	
Follow-up date (if applicable)	