HEALTH PROFILE

Name: Medic Alert number (if applicable):

1. Please type an x in the box if you have any of the following:

Migraine		Epilepsy		Asthma	
Diabetes		Travel sickness		Fits of any type	
Chronic nose bleeds		Heart condition			
Colour blindness		Dizzy spells			

Other (please specify):

2. Are you currently taking medications?

YES: NO:

If YES, please state Ailment/s (Condition)

Name of medication/s:

Dosage and time/s to be taken

Other treatment:

3. Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?

YES: NO:

If YES, please state the injury/illness:

4. Are you allergic to any of the following?

Description	YES	NO	If YES, please specify
Prescription medication			
Food			
Insect bites/stings			
Other allergies			
What treatment is required?			

5. When was your last tetanus injection?

Please note: This form is the responsibility of the Team Manager. The each team member must complete a copy of the form and hand it to the Team Manager to keep. This form will be sent out to all Teams attending any National or International tournament.