



# Whyalla Junior Soccer Association



## WJSA MEDICAL FORM

Surname		Given Names	
Address		Number	
		Street / Road	
Area Code		Number	
		Mobile / Business Phone	
Suburb / Town / City		State	
		Postcode	
Home Phone			
Sex	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	Age
			Years
			Centimetres
			Kilograms
Blood Group	Do you object to transfusions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Emergency Contact</b>			
Surname		Given Names	
Home Phone		Mobile / Business Phone	
Area Code		Number	
		Number	
Relationship			





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## Health Care Details

Medicare  No   
Private Health Yes Fund

Number Insurance

Private Doctor

Telephone

Address

Can Doctor be contacted at all times? Yes  No

Private Dentist

Telephone

Address

Can Dentist be contacted in emergency? Yes  No

## Current

Current medical problems

Regular medications including supplements, stating name and dosage

Allergies

Sports injuries (Please list any injury which is current/recurring or requires surgery)





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## Past History

### Have you had ...

Epilepsy  No

Hepatitis A  No

Contact Lenses  No

Hepatitis B  No

Soft Yes  No

Diabetes  No

Heart  No

Heart  No

Asthma/Bronchitis Yes

Hernia Yes

Concussion Yes   
Other Yes   
joint with play/practice? Yes

### Do you wear ...

Yes

Yes

Yes

Yes

Problems Yes

Murmur Yes

at training Yes

at competition Yes

If yes, please specify

### Have you sustained ...

fracture in last 3 years Yes

If yes, where?

If yes, where?

A dislocation Yes

Hard Yes

Protective Equipment Yes

Mouth Guard

### Do you suffer from ...

Yes

Recurring pain in any

If yes, which joint?

Back / Neck pain Yes  No

Have you ever been treated for a head, neck or spinal injury? Yes  No

#### Details

#### Details

#### Uniform Detail

Shirt Size

Short Size

Shoe size

#### Favourite Food

