



Ballarat Badminton Assn Confidential Medical Report



This report is to assist in the management of any eventuality with Ballarat Badminton Assn Members. Information is held in confidence and these forms will be destroyed after competition. We ask Parents or players to note the following requests and abide by them.

Name:.....Date of Birth.....

Medicare Private Health Ambulance Contribution
Number..... Care Fund..... Cover..... Number.....

Family Doctor.....Telephone.....

CONTACT DETAILS IN CASE OF EMERGENCY

Parent/ Guardian/ Next of Kin (if competitor is Under 18): Name.....

Address.....

Telephone
Emergency.....Home.....Business.....Mobile.....

2nd CONTACT, if parent/guardian is not contactable.....Phone.....

HEALTH & WELLBEING DETAILS

Please answer all sections (circle your response)

1. **Medication.** Are you presently taking any medication or tablets? Yes / No
If Yes - state name and dosage.....

2. **Do you have, or have you had, any of the following:-**

Breathing Difficulties / Wheezing / Asthma	Yes / No	Travel Sickness / Nausea	Yes / No
Bronchitis / Pneumonia	Yes / No	Kidney Problems / Urine Infections	Yes / No
Chest Pains / Heart Murmur / Heart Problems	Yes / No	Liver Problems / Hepatitis	Yes / No
Rheumatic Fever	Yes / No	Dizzy spells / Fainting/Blackouts/Head Injury	Yes / No
Sleep Walking	Yes / No	Fits/Convulsions/Epilepsy	Yes / No
Headaches / Migraine	Yes / No	Glandular Fever	Yes / No
Diabetes / Blood Sugar Problems	Yes / No		

3. **Musculo-skeletal Injuries:** If answering YES in this section, please specify 'ST' for Soft Tissue; 'F' for Fracture
Have you had - or do you currently have - injuries to

Neck.....Yes / No
Back.....Yes / No

Upper Limbs

Shoulder..... Arm

Elbow Forearm

Wrist Hand/Finger

Lower Limbs

Hip..... Thigh.....

Knee..... Lower leg/Calf.....

Ankle..... Foot / Toe

Please indicate any serious injury.....

Which of these injuries still interfere with training or activity.....

4. **Other Illnesses, Operations or Conditions**.....

5. **Do you suffer Allergies,** or adverse reactions to

Penicillin Yes / No
Other Drugs Yes / No - if Yes - please specify

Chemicals Yes / No - if Yes - please specify

Foods Yes / No - of Yes - please specify

6. Do you wear glasses or contact lenses? Yes / No

7. Immunisations

As an infant...

Triple Antigen Yes / No
(Diphtheria / Tetanus/ Whooping cough)
Polio Yes / No
Mumps Yes / No
Measles Yes / No

Haemophilias Influenza "B" Yes / No

As a Child...

Tetanus Booster Yes / No
Late Booster/...../.....
Rubella Yes / No
Hepatitis B Yes / No
Cholera / Typhoid Yes / No

Other.....

8. What special care is recommended related to past injuries or illnesses
i.e. extra rest periods, sleeping patterns, counselling, etc.

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DECLARATION by the member, or the Parent, Guardian, or next of kin for competitors Under 18.

I certify that the above answers are true and correct to the best of my knowledge.

Name (Please print).....Signature.....

When it is impracticable to communicate with me, I (Print name)..... authorise the Ballarat Badminton Assn Official in charge of the competition to consent to my child/myself receiving such medical or surgical treatment as may be deemed necessary and will pay any costs associated with such treatment.

Signed:..... Date...../...../.....

PLEASE RETURN THE COMPLETED FORM TO THE BALLARAT BADMINTON ASSOCIATION