

Medical/Surgical Care/Emergency Treatment & Personal Medical Information

Please Print Clearly

Name: _____ **Team:** _____
Last name First Name

Home Address: _____
Street City State Zip Code

Home Telephone no: _____

College Address: _____
Street City State Zip Code

College Telephone no: _____

Name of health insurance carrier: _____

Identification Number: _____ Group Number: _____

Emergency Contact information:

Name: _____
Last name First Name Relationship

Telephone #: _____ Cell Phone #: _____

Are you currently taking any Prescriptions or Non-Prescription Medications? YES NO **If yes, please list medications below:**

Anti-inflammatories _____ Muscle Relaxants _____

Pain Medication _____ Other _____

Allergies, if any, please identify: _____

Do you now have or have you ever had ANY of the following? Please check yes or no.

	yes	no		yes	no
Asthma, Bronchitis, or Emphysema	_____	_____	Severe or Frequent Headaches	_____	_____
Shortness of Breath/Chest Pain	_____	_____	Vision or Hearing Difficulties	_____	_____
Cancer or Chemotherapy/Radiation	_____	_____	Numbness or Tingling	_____	_____
Any Pins or Metal Implants	_____	_____	Hernia	_____	_____
Concussion (if yes, when?)	_____	_____	Arthritis/Swollen Joints	_____	_____
Joint Replacement	_____	_____	Blood Clot/Emboli	_____	_____
Back Injury/Surgery	_____	_____	Diabetes	_____	_____
Neck Injury/Surgery	_____	_____	Dizziness or Fainting	_____	_____
Elbow/Hand Injury/Surgery	_____	_____	Anemia	_____	_____
Any Pins or Metal Implants	_____	_____	Epilepsy/Seizures	_____	_____
Concussion (if yes, when?)	_____	_____	Heart Attack	_____	_____
Knee Injury/Surgery	_____	_____	Stroke/TIA	_____	_____
Leg/Ankle/Foot Injury/Surgery	_____	_____	High Blood Pressure	_____	_____
Any other surgeries?	_____	_____	Dizziness or Fainting	_____	_____
			Coronary Heart Disease or Angina	_____	_____

If you checked yes for any item, please explain: _____

List any other information that would assist us in your care: _____

Signature: _____

Date: _____

Witness: _____

Date: _____

This medical information form is to be kept in the possession of club head coach or another responsible person that insure it's availability whenever the player involved is participating in a rugby match or practice session.