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 T ingling	____	____
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.