

Lancashire Rugby - Medical Questionnaire

Please complete all information to the best of your ability. All information is strictly confidential and is simply going to be used by the Sports Rehabilitator(s) to collate present and past medical history. All information and future medical notes will be stored/accessed as indicated by the Data Protection Act (1984).

Please write clearly

Name _____ D.O.B _____

Mobile number _____

Playing position(s) _____

Height _____

Weight _____

Dominant hand _____

Dominant foot _____

Next of Kin _____

Relationship to player _____

Contact number _____

Do you wear any of the following?

Gumshield _____

Contact lenses _____

Insoles _____

Do you suffer from or have you suffered from any of the following? If yes, please indicate how this is controlled.

Details

Asthma ☐

Epilepsy ☐

Diabetes ☐

Heart problems ☐

High or low blood pressure ☐

Skin conditions ☐

Breathing problems ☐

Have you ever experienced chest pain during exercise? ☐

Have you ever had a serious head injury or suffered from concussion? ☐

If yes, please provide date(s) _____

Have you ever been knocked out or become unconscious during training or a game? ☐

Do you have any past medical history about which we should know? Write clearly and state dates. (ie. fractures, dislocations, anything requiring medical consultation and rest from play, operations, traumatic injuries, illness)

Do you still have any pins, screws etc from surgery? _____

Do you currently have any recurring injuries of complaints? _____

Do you have any allergies? (including to elasotplast/tape, massage lotion or oil, penicillin, aspirin, ibuprofen, diclofenac) _____

Have you ever been involved in a major accident? ☐

If yes, what injuries did you sustain? _____

PARENTAL CONSENT

I give my consent for the therapist(s) present at the Lancashire training sessions and games to assess and treat my child, without a parent or guardian present.

I understand that any information that needs to be passed on to another party will only be forward with the consent of me and my child.

Parent / Guardian signature _____ Date _____