



Football Integration Development Association

Player Medical Form 2013

Club Name: _____

Players First Name: _____ Middle Name: _____ Surname: _____

Emergency Contact First Name: _____ Surname: _____

Phone (H): _____ (W): _____ (M): _____

Medical Information – Pre-Existing Conditions

Does the player have any pre-existing medical conditions the Club/FIDA should be aware of?

No Yes (if yes please provide further details below)

If you are affected by any of the following conditions please tick and make comment;

- Musculoskeletal condition: _____
- Abnormal Blood Pressure: _____
- Cardio-Vascular Condition: _____
- Respiratory Condition: _____
- Joint Surgery: _____
- Neurological Condition: _____
- Epilepsy: _____
- Skin Condition: _____
- Asthma: _____
- Anaphylaxis: _____
- Diabetes: _____
- Other Medical Conditions _____

Are there any movements that should be avoided by the player? No Yes (Please list): _____



Medical Information – Allergies and Medication

Does the player suffer from any allergies?

No Yes (Please list)

Details of players allergies:

Is the player on any medication?

No Yes (Please list)

Details of players medication(s):

Is there any other relevant information that may affect treatment in an emergency?

Medical and Health Insurance Details

Is the player on a Pension?

No Yes (if yes please provide further details below)

Type of Pension:

Pension Number:

Doctors Name:

Doctors Phone:

Medicare Number:

Private Health Fund:

Membership Number:

Ambulance Membership Number:

FIDA recommends that all players make adequate provisions for medical coverage. The insurance provided by FIDA does not include player accident insurance.

FIDA reserves the right to use the Ambulance service at the player’s expense when recommended by the medical officer.

Player Declaration

I state to the best of my knowledge that all information contained in this form is correct. At the time of signing

Players Signature:

Parent/Guardian/Caregiver Signature (if under 18):