**Quick Reference Medical Information 2017/18**

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| **Name:**  | **DOB:**  |
| **Address:**  | **Home Phone:**  |
| **NOK *(name & relationship)*****Contact Details:** ***(please provide 2 phone numbers)*** |

|  |
| --- |
| **GP Name:**  |
| **Address:**  |

**Known Medical Conditions: *(also include allergies and any medication)***

*
*

**Past Medical History: *(include illness/hospital stays etc)***

*

**Vaccinations to date:**

*

**Injuries to Date:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Injury** | **Outcome** |
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**Player Information Sheet 2017/18 Age Group:** \_\_\_\_\_\_\_\_\_\_\_\_

**Player details**

**Name:**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_ \_\_ / \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_**

**Parent/ Guardian contact details:**

**Mothers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel.No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day Time No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fathers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel.No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day Time No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Education information

## School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Headteacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Headteacher Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unique Pupil Number (available from the school): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exeter City Football Club – Academy Medical Questionnaire 2017/18**

To be completed by the parent/legal guardian prior to season commencing. Circle all appropriate choices, giving as much detail as possible. Please write N/A for any questions that are not applicable to your son and **please do not leave any questions blank.**

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| --- |
| Name: D.O.B: Phone: Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address: GP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surgery Address:Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(relationship?)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(relationship?)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Frequency of Current Sport Activity per week**: x1, x2, x3, x4, x5, x6, x7, x8Time spent training playing per week: 1hr, 2hr, 3hr, 4hr, 5hr, 6hr, 7hr, 8hr +Type(s) of sport played and typical training methods ie football, weights, running etc:Position(s): |

|  |
| --- |
| **Any previous Hospitalization:** Y / N *(please circle& provide details)***Any previous Surgery:**Y / N *(please circle & provide details)* |

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| **Does your son have or experienced any of the following:**

|  |  |
| --- | --- |
| Heart problems: Y / N | Abnormal Blood Pressure: Y / N |
| Breathing problems: Y / N | Epilepsy: Y / N |
| Asthma: Y / N | Diabetes: Y / N |
| Fainting: Y / N | Heat Stroke: Y / N |
| Arthritis: Y / N | Blood Disorders: Y / N |
| Seizures/Fits: Y / N | Sudden unexplained weight loss: Y / N |
| Hepatitis: Y / N |  |
| Head Injury/Concussion: Y / N |  |
| Tumors/Cancer: Y / N |  |

Please give details if appropriate for any **Yes** answers:**Has your son ever stopped exercising because of any of the following:**Fainting/collapse Y / N Dizziness Y / N Cramps Y / NBlurred Vision Y / N Overheating Y / N Difficulty breathing Y / NIf **Yes,** please give full details:**Does your son have any Allergies**?**Is your son on any Medication**? *(please list and explain)* |

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| --- |
| **Please provide details of all Vaccinations to date**:Has your son ever received a **Tetanus Shot**? (please provide date and reason) |

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| **Please list any serious previous or current injuries** (if possible please give the approx. date, type of injury, and if the treatment was given by Exeter City FC or externally by other health professionals or football clubs): |

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| --- |
| At Exeter City Football Club we aim to establish the approximate adult height of our players from an early age. In order to do this we need the heights of the player’s parents. If you agree to provide us with this information please enter the measurements below.Height of Father: \_\_\_\_\_\_\_\_\_\_ ft / cm Height of Mother: \_\_\_\_\_\_\_\_\_\_\_\_ ft /cm  |

**Consent:**

* I hereby certify that the information given above is correct
* I am aware that medical fitness issues may be discussed with my coach and other medical professionals.
* I understand that the information contained in this form is otherwise confidential and can only be released with my consent

Name of Player *(capitals):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent / Legal Guardian *(capitals):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions regarding the information contained in this questionnaire, please do not hesitate to contact Harry Knapman, Head of Sport Science and Medicine via email: harry.knapman@ecfc.co.uk