Griffith UNIVERSITY

University Sport

Medical Form

Section 1 – Competitor's Details

Surname: First name:

Griffith University – Brisbane & Logan campuses Student no: Age: Sex:

Medicare no:

Private health care provider: Provider no:

Event: Division:

Section 2 – Emergency Contact Details

Surname: First name: Relationship:

Telephone (wk): Telephone (a/h):

Section 3 – Medical History

Please specify any known allergies (eg penicillin, other drugs, foods, plants, animals). Also give details describing seriousness and nature of reaction and necessary treatment.

Please list all medication you are currently taking:

Please indicate by circling the appropriate answer if you suffer from or have recently suffered **(2 years or less)** any of the following conditions.

Condition		
1. Any heart or stroke conditions	☐ Yes	☐ No
2. High blood pressure	☐ Yes	☐ No
4. Asthma	☐ Yes	☐ No
5. Difficulty in breathing or chronic cough	☐ Yes	☐ No
6. Stomach or duodenal ulcer	☐ Yes	☐ No
7. Liver or kidney condition	☐ Yes	☐ No
8. Diabetes	☐ Yes	☐ No
9. Hernia	☐ Yes	☐ No
10. Epilepsy or fits	☐ Yes	☐ No
11. Fainting attacks	☐ Yes	☐ No
12. Back problems	☐ Yes	☐ No

If Yes to any of the above please provide further information:

Have any family members (including grandparents, parents, siblings) had a heart condition prior to age 60? ☐ Yes ☐ No

Details:

Have you ever had any injury, illness, back or joint condition that may be aggravated by vigorous exercise ☐ Yes ☐ No

Details:

Are you pregnant? ☐ Yes ☐ No

Details:

Do you have any other medical condition that should be made known? ☐ Yes ☐ No

Details:

Have you had any surgery or injuries in the last six (6) months? ☐ Yes ☐ No

Details:

Your personal information will only be used in accordance with the objects of Griffith University for the purpose of providing medical treatment where required. Your details will be held by the University and forwarded to the medical center of each event at which you are a participant. If the requested information is not provided you will not be able to receive membership services.

Signed: Witnessed by: Date:

Signature of Guardian/ Parent required if under 18years of age: Date:

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