Appendix 6: Participant Medical Information Form

To be completed by ALL PLAYERS & TEAM MANAGEMENT and returned to their team manager.

SUR	NAME:		FIRS	T NAME	:	
TEA	M:				DOB:	
EME	RGENCY	CONTACT:			МОВ:	
1		MEDICAL	LINFORMATIO	ON – IM	PORTANT NOTE	
А. В.	doctor A copy	regarding detailed tre	eatment of the cor for any special d	ndition.	dical problem should bring a	
PLE	ASE ANS	WER THE FOLLOW	ING QUESTIONS	<u>S:</u>		
1	-	uffer from any chroni wer is yes, what is its		lity?		YES/NC
2	•	suffered from any a te the nature of the i	•	g the pas	et four weeks?	YES/NC
3	weeks? If the ans	·	report from the do	ctor with	ry or illness during the last 4	YES/NC
4	Are you taking any mixture, tablets or any other form of medication at present? Please provide full details or attach instructions from the doctor concerned. YES/N					
5.	Do you	suffer from?				
	(a) (b) (c)	Asthma Skin condition Diabetes	YES / NO YES / NO YES / NO	(d) (e) (f)	Epilepsy, fits and blackout Sleep Walking Allergic conditions	YES / NO YES / NO YES / NO
	If yes,	give full details of ar	ny necessary trea	tment		

Priva I here action expenses of arradmin	th Care Card No ate Health Insurance Fund eby release and indemnify Australian Fins, suits, claims, demands, proceeding enses whatsoever in respect of any person including mystinistration of medication. ept the conditions detailed above and heant/Guardian to sign if participant is less	Rugby Union and its officers, servant gs, losses, damages, compensation, sonal injury of or any infringement di self arising directly or indirectly ou ereby warrant that the above details	ts and agents against al costs, charges and any isturbance or destruction t of the aforementioned			
Priva I here action expenses of ar admin	th Care Card No ate Health Insurance Fund reby release and indemnify Australian Fins, suits, claims, demands, proceeding the session whatsoever in respect of any person including mystinistration of medication.	Rugby Union and its officers, servant gs, losses, damages, compensation, sonal injury of or any infringement di self arising directly or indirectly ou	ts and agents against al costs, charges and any isturbance or destruction t of the aforementioned			
Healt	th Care Card No.					
Medi	icare Card No					
	•	Valid Until				
Medi	care card number is required by team in this be necessary.	management in order to receive imm				
8.	Please indicate any food preferences or intolerances (i.e.; Vegetarian, Gluten-free, etc.)					
7.	Please list any major injuries over the	last year and any subsequent treatment/rehabilitation.				
	If yes give full details					

Team managers are required to collect and collate all Participant Medical Information forms & attachments and forward a $\underline{\text{COPY ONLY}}$ to Championship Administrator by $\underline{\text{FRIDAY }6^{th}}$ $\underline{\text{SEPTEMBER.}}$

NOTE: PARTICIPANT MEDICAL INFORMATION FORMS & ATTACHMENTS SHOULD BE REVIEWED BY TEAM MANAGER AND TEAM MEDICAL STAFF. COPIES MUST BE AVAILABLE AND ACCESSIBLE TO TEAM MANAGEMENT DURING THE WEEK OF THE CHAMPIONSHIPS.