

Player Profile Form

Personal details				
Name				
Address				
Telephone		Mobile		
Email				
Date of birth				
Emergency Contact				
Name				
Address				
Relationship				
Telephone		Mobile		
Medical History				
Do you have any medical conditions, disabilities or allergies?				
If the answer is yes, please list each condition, disability or allergy and any medication you take for it.				
Condition / disability (e.g. asthma, diabetes, epilepsy, anaemia, haemophilia, viral illness, etc)	Medication (e.g. tablets, inhalers, creams, etc - give drug names)		Frequency (e.g. twice daily, only with symptoms, etc)	
Allergy (e.g. bee stings, etc)	Medication (e.g. tablets, inhalers, creams, etc - give drug names)		Frequency (e.g. twice daily, only with symptoms, etc)	
History of injury (list any injuries, when they happened and who treated you)				
Injury (e.g. concussion)	When (e.g. Sept 2020)	Treatment received	Who treated you (e.g. doctor)	Current status of injury (fully recovered or not)
Health and fitness assessment				
In which other sports / physical activities are you involved?				
How many hours per week do you train?				
Have you played Rugby before?				
If yes, where and for how many seasons?				
Height				
Weight				
Cardiac questionnaire (please tick each box that applies to you)				
Fainting		History of high blood pressure		Chest pain or tightness
Dizzy turns		Diabetes		Sudden death in your immediate family of anyone U50
Breathlessness		Palpitations		Smoking (how many per day)
Signatures				
Date of profile completion				
Player's signature (or guardian if under 18)				
Profiler's signature				
Follow-up date (if applicable)				