

Alton Rugby Football Club

Player Medical Questionnaire

In an effort to ensure the health and safety of all Alton RFC current and future players, the club requires all players to complete this medical questionnaire.

In the event of you sustaining an injury or needing medical attention, as a result of an existing (or aggravated) medical condition, this information will be helpful in your treatment. All information will be dealt with in the strictest confidence. Alternatively, should you wish to discuss any such matters in private please approach your head coach or team manager. Please note that for junior players their parent/guardian are accountable for filling in this form and submitting it to club management. Whilst Alton RFC will always do everything to ensure the safety of all its members, the club cannot be held responsible in the event of you needing treatment relating to specific condition or injury that you have not informed us about. It is in you interest to supply this information.

ayer Details						
Last Name:	First Nam	e:	Gender: Male / Female		Date of Birth:	
mergency Contact	Details					
Contact First name & last name		Relationshi	Relationship		Telephone number	
ledical Conditions Medical Condition(s		edical conditior	ns / allergies eg: asthma	a, epilepsy, diab	etes. If none state	'none')
carcar condition(s	,.					
Medication and Mi	ccellaneous					
ledication and Mis	scellaneous					
ledication and Mis	scellaneous				Yes	No
		or other prescrib	ed drugs?		Yes	No.
Medication and Mis Are you currently tal Are you allergic to an	king any medication	<u> </u>				
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