**CB Player Health Profile Form**

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| **Player’s Personal Details** |
| Name |  |
| Date of Birth |  |
| Telephone |  |
| Email  |  |
| RFU ID |  |
| **Emergency Contact**  |
| Name |  |
| Address |  |
| Relationship to player |  |
| Telephone (Home, Work, and Mobile) | H:W:M: |
| **Player’s Doctor**  |
| Name |  |
| Address |  |
| Telephone |  |

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| **Medical History - Do you have any medical conditions, allergies, previous or current injuries.**  |
| **Medical conditions e.g. asthma, diabetes, viral illness, heart condition, recent surgery**  | **Medication**  |
|  |  |
| **Allergies e.g. shellfish, bee stings,**  | **Medication Needed** |
|  |  |
| **Previous Injuries e.g. fractures, dislocations, concussions**  | **Treatment received**  |
|  |  |
| **Current Injuries e.g. sprains, concussions**  | **Current treatment** |
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| **Cardiac History – if no previous cardiac screening done**  | **Yes/No** |
| Is there any history in your family of one or more relatives with a disability or sudden/unexpected death from heart disease before the age of 50? |  |
| Is there a family history of cardiomyopathy, coronary heart disease, Marfan syndrome, long QT syndrome, severe arrhythmias, or other disabling heart disease? |  |
| Do you have a past history or currently suffer from any of the following symptoms: • Fainting or near fainting • Chest pain or chest discomfort on exertion • Shortness of breath or fatigue out of proportion to the degree of physical effort • Palpitations or irregular heart beat |  |

If the answer is yes to any of the above Cardiac History questions you must obtain clearance from your NHS General Practitioner confirming that you are fit to undertake physical activity. These questions are used as a simple screen and do not necessarily mean that there is a cardiac problem, but do give an indication that requires possible follow up by a doctor.

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| **Signatures** |
| Date profile completed  |  |
| Players signature  |  |
| Parent/Guardian’s signature in under 18  |  |