



Medical History	
What is your disability?	
Date of onset?	Do you have normal sensation to touch/pain?



Player Registration and Medical Form

Please explain any medical issues due to your disability	
Do you have any allergies?	Please list medications you take.
Conditions (asthma, diabetes, epilepsy, anemia, hemophilia, etc.)	Medications (tablets, inhalers, creams, supplements, etc. – list drug names)
Any Catheters/Stomas?	Is there anything else you feel we should know about?
Health and Fitness Assessment	
What other sports and physical activities do you participate in?	



Player Registration and Medical Form

How many hours per week do you train?	
Have you played wheelchair rugby before?	
If yes, where and for how long?	

Please check all that apply to you	
Fainting symptoms	Heart palpitations
Dizzy spells	Chest pain or tightness
History of high blood pressure	Diabetes
History of low blood pressure	Do you smoke cigarettes? How much?
Do you have any problems with panic attacks or anxiety attacks?	Any skin irritations?
Do you suffer from breathlessness or get tired more easily than teammates?	Do you have any digestion problems?
Risk of dehydration?	Anything else which you feel we would need to know about?
Do you carry any emergency medications with you? Such as EpiPen's, Tablets or Inhalers? If so, please can you list these.	



Player Registration and Medical Form

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Additional Notes and Comments

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Insurance Needs to be Applied for with GBWR - GBWR Number:

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Signatures	
Date of profile completion	
Players name	
Players signature	
Club member name	
Club member signature	
Important Note: Please keep us up to date with any medical changes or any accidents you have	