



Date: 30<sup>th</sup> April, 2011

Mona Vale Junior Rugby League Football Club  
PO Box 235  
Mona Vale NSW 2103

Dear Mona Vale Raider,

The introduction of a standard Medical Advice Card is to assist those who care for you during the season to provide, as far as is humanly possible, a safe training and playing environment for you .... **personally**.

It is also meant to be used as a means of providing advice for you about an injury or a condition you may have so that you can participate safely and gain full enjoyment out of playing the game of Rugby League.

It is not meant, in any way to be an invasion of your privacy, nor will it be used or given to any person without your permission. The only people who will have access to this card will be the appointed Rugby League First Aid Officer for your Club, Club doctor, your private doctor or the Honorary Club/Group doctor.

The effectiveness of this card in providing the above will only work if you complete this card honestly and view such a card in a positive manner.

You may be asked to have a medical evaluation before you play, this will be rare. If you are asked to have a medical evaluation, please view this as caring for you as a person. The basic aim then, of this card is to provide the best possible care for those who matter most in the game of Rugby League .... you the player.

I hope you have a successful and enjoyable season.

Yours in Rugby League

Mike Kewley

**Club First Aid Officer**

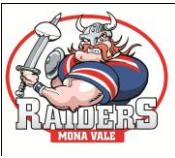
John Trbojevic

**Club Vice President**



Mona Vale Junior Rugby League Football Club  
PO Box 235, Mona Vale NSW 2103  
[www.monavalerugbyleague.com.au](http://www.monavalerugbyleague.com.au)

ABN 97 219 508 964



## Medical Advice Card Mona Vale Junior RLFC Player (Confidential)

- Name: ..... Club: Mona Vale JRLFC .....
- D.O.B: ..... Telephone: .....
- Address: .....
- Family Doctor: .....
- Name of person to contact in an emergency: .....
- Relationship: ..... Telephone : .....
- I give permission to call an Ambulance in an emergency: YES / NO
- Medicare No. .... Private Medical : .....

Do you suffer from:	Yes/No	Management
Diabetes		
Asthma		
Epilepsy		
Do you experience any of the following signs and symptoms during training/playing?		
Undue shortness of breath		
Chest Pain		
Light headedness, dizziness or episodes of fainting		
Become tired/fatigued easily		

- Anaphylaxis / Allergies (please list) Epipen Required? .....
- Do you take any regular medication/s? YES/NO  
Type ..... Reason .....

Previous Injuries	When	Treatment
Fracture		
Dislocation		
Neck Injury		
Back Injury		
Ankle Sprain		
Knee Problems		

- Do you require taping every game? YES/NO Where? .....
- Have you suffered concussion in the last 3 years? YES/NO  
How many times? ..... Treatment .....
- When did you have your last full medical check up? .....
- Have you had your full course of Hepatitis "B" injections? YES/NO .....
- How long have you been playing Rugby League? .....
- What position do you usually play? .....
- Other information relevant to managing an injury you may sustain:- .....

Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES/NO  
I declare this to be a true statement of my health status as at the date below. I will notify the Club First Aid Officer of any problem that may occur during the season that is relevant to my health status and playing Rugby League.

Name: ..... Signature : ..... Date: .....

Checked by: ..... Signature : ..... Date: .....