Player Health Declaration Form

Questionnaire to be completed by the player and returned to Team Manager.

All information provided will be kept strictly confidential and managed in accordance with GDPR

Full name:			
Date of Birth:		**NoK name:**	
Phone Number:		**NoK phone Number:**	

Please answer ALL the following questions below.

Do you have any personal or family history of any of the following:	Yes	No
Asthma	☐	☐
Heart Conditions	☐	☐
High/Low Blood Pressure	☐	☐
High Cholesterol	☐	☐
Immunosuppression	☐	☐
Thyroid condition	☐	☐
Rheumatoid arthritis	☐	☐
Epilepsy	☐	☐
Diabetes	☐	☐
Stroke	☐	☐
Cancer	☐	☐
Dermatological conditions etc. eczema, psoriasis	☐	☐
Mental health conditions	☐	☐
Any other medical conditions/ illnesses?	☐	☐

If you answer yes to any of the questions please provide further details in the box underneath.

Please provide details of any medications you take; and any allergies you have:

Please provide details of any significant/recurring injuries:

Please provide details of any surgeries you have had:

By signing this form, I acknowledge that

- I have answered the questions truthfully and have given details to the best of my knowledge
- I am providing consent to treatment by first aiders and medical health professionals
- I am providing consent to the collection and storage of data for WCW Netball Club purposes, in line with their privacy policy

Name of player	
Signature	
Date	