



GOLF CENTRAL QUEENSLAND Inc & GOLF CENTRAL HIGHLAND Inc



PERSONAL MEDICAL DETAILS FORM

To be completed by each member of the team. All information provided is confidential.
EMERGENCY MEDICAL TREATMENT: In the case where a golfer requires urgent medical attention during the course of the tournament, in certain emergency situations, medical treatment may be required before your contact can be notified and authorisation for medical assistance obtained.

Personal details

Name:

Date of Birth:

Event attending:

Junior Jug

Meg Nunn

Events dates:

Emergency Contact Details

Name:

Mobile:

Name:

Mobile:

Family Doctor Details:

Name:

Practice:

Phone:

Medical Details

Private Health Fund:

Number:

Medicare:

Number:

Have you ever had a Tetanus injection:

Yes

No

Date:

Do you suffer from any of the following:

Travel Sickness

Heart Condition

Asthma

Migraine

Other:

Do you have any Allergies:

Are you currently taking any medication:

Yes

No

Details:

Signature:

Signed:

Dated: