



MEDICAL PROFILE

Name: _____ Age: _____

Please read the following questions and answer appropriately. The information collected will remain confidential and only be accessed by a First Aid Officer in case of emergency.

1. Are you currently taking any medication, whether prescribed or otherwise?
NO YES please supply details: _____

2. Do you suffer from any illness or disease that DCHC should be aware of?
NO YES please supply details: _____

3. Do you suffer from any disability that DCHC should be aware of?
NO YES please supply details: _____

4. Is there any medical condition not mentioned above which may require treatment, which DCHC should be aware of?
NO YES please supply details: _____

5. Are you allergic to any medication?
NO YES please supply details: _____

6. Do you have any other allergies DCHC should be aware of?
NO YES please supply details: _____

7. Please list your recent injuries (within past 2 years)

8. Do you have any recurring injury DCHC needs to be aware of?
NO YES please supply details: _____

9. Please provide any further details of health or injury status that DCHC should be aware of

10. Please provide details of your primary medical providers

11. Please provide an emergency contact number or next of kin
