

# NATIONAL STOOLBALL ASSOCIATION

## MEDICAL QUESTIONNAIRE

To the Club Secretary/Team Captain of ..... Stoolball Club (the Club)

Name ..... (the Player)

Date of birth .....

### CONTACT DETAILS

Address: _____	
_____	Post code: _____
Tel: _____	
Mobile: _____	
e-mail: _____	

### MEDICAL INFORMATION

<p><b>I confirm that</b></p> <p><input type="checkbox"/> <b>I have no Health issues</b></p> <p><input type="checkbox"/> <b>I have the following Health issues to report</b></p>
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<b>Health Issue 1</b>	The issue/illness is .....
Please say what the symptom(s) are:	Please say how you would want the Clubs appointed person to respond:

<b>Health Issue 2</b>	The issue/illness is .....
Please say what the symptom(s) are:	Please say how you would want the Clubs appointed person to respond:

I hereby certify that I and my medical advisors confirm there are no medical reasons, including the Health issues set out above, why I should not participate in the Club's activities.

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## MEDICAL QUESTIONNAIRE

I have discussed the Health issues above, which may be affected by playing Stoolball, with the Team Manager/Team Captain.

I authorise appropriate medical treatment to be provided, should this become necessary, during the course of those activities.

If future relevant medical issues arise, I agree to notify the Clubs appointed person, so that appropriate actions can be taken.

Provide two emergency contact numbers, for the Club to ring, should it be necessary:

1. Name:.....Number:.....

2. Name:.....Number:.....

Signed: ..... Player

Date:.....