



NTIS

NORTHERN TERRITORY INSTITUTE OF SPORT

ONGOING ATHLETE MEDICAL DISCLOSURE

NAME: _____ D.O.B: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE: _____

E-MAIL: _____

SPORT: _____ EVENT / POSITION: _____

Next of Kin: _____ Relationship to you: _____

Phone no: _____ Mobile: _____

Local GPs name & contact details: _____

Physical Therapists name & contact details: _____

Declaration

- All information disclosed in this form is, to the best of my knowledge complete, true and accurate.
- I understand that I must disclose all medical and musculoskeletal injury information to enable Northern Territory Institute of Sport Staff to ensure I am fit to train and compete.
- I am aware that some information may require clarification or follow up with other medical professionals and physical therapists, and agree to the release of relevant information between these people.
- I am aware that medical fitness issues may be discussed with my coach.
- I understand that the information contained in this form is otherwise confidential but is subject to terms and conditions of my scholarship agreement with my institute/academy of sport.

Name: _____ Signature: _____ Date: _____

Parent /guardian signature if athlete is under 18 years of age: _____ Date: _____

In the past 12 months

I have not sought medical attention for any reason

I have sought medical treatment, (please complete the following table)



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| Reason | Who from | Outcome | Ongoing/ Follow-Up |
|---------------------------|------------------------------------|------------------|-----------------------------|
| <i>e.g. Flu injection</i> | <i>Dr John, Bay Medical Centre</i> | <i>Injection</i> | <i>Yearly flu injection</i> |
| | | | |
| | | | |
| | | | |
| | | | |

I have **not** required any physiotherapy, or allied health professional input (e.g. chiropractor)

I have sought physiotherapy/ allied health professional treatment (*please complete table below*)

| Reason | Who from | Outcome | Ongoing/ Follow-Up |
|---------------------------------|--------------------------|--|-----------------------------|
| <i>e.g. Hamstring tightness</i> | <i>Greg, NTIS physio</i> | <i>Tightness resolved, have ongoing stretching to complete</i> | <i>Nil, self stretching</i> |
| | | | |
| | | | |
| | | | |
| | | | |

Y / N In the last 12months have you suffered from any excessive fatigue of over-training ?

Please list the brand and name of any current medications (prescription and off the shelf) and/or supplements:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



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Y / N There are other medical/ musculoskeletal issues or other that I need to disclose (i.e. medical symptoms experienced but GP not seen- e.g. concussion, dizziness, persistent headaches, etc)

If yes, please detail below:

Thank- you for completing this form. You may be contacted by NTIS sports medicine staff if any of the above answers require clarification.

For any questions please contact the NTIS Sports Medicine and Physiotherapy Coordinator on (08) 8922 6828