



World Masters Hockey

## SOUTH AFRICAN GRAND MASTERS HOCKEY ASSOCIATION (SAGMHA)



### BASIC MEDICAL QUESTIONNAIRE (2021)

Please read carefully and fill in this form as accurately as possible. The doctor on call can thus be better equipped to support you in the case of an emergency. If you think it necessary, please use the back of the page to supply any additional relevant information.

All personal details are strictly confidential and are kept in closed envelopes at the clubs medical personal (physio) as well as the team manager. It is recommended that you undertake a general and sport-specific check-up at your general practitioner (G.P.) prior to the Inter Provincial Tournament.

#### MEMBERS PERSONAL DETAILS

|                          |               |  |
|--------------------------|---------------|--|
| FULL NAME                |               |  |
| I.D. NUMBER              | DATE OF BIRTH |  |
| ADDRESS                  |               |  |
| CITY AND PROVINCE        |               |  |
| FAMILY DOCTOR (G.P.)     | NUMBER        |  |
| EMERGENCY CONTACT PERSON |               |  |
| RELATIONSHIP             | NUMBER        |  |
| MEDICAL AID              | M.A. NUMBER   |  |

#### BASIC MEDICAL INFORMATION

|  |             |             |
|--|-------------|-------------|
| COVID 19 - EVDS VACCINATION NUMBER                     |             |             |
| HAVE YOU HAD ANY COVID 19 SYMPTOMS IN THE LAST 14 DAYS | YES         | NO          |
| HEIGHT (cm)  | WEIGHT (kg) | BLOOD GROUP |
| <b>DO SUFFER FROM ANY OF THE LISTED DISEASES</b>       |             |             |
| RAISED BLOOD PRESSURE/ HYPERTENSION                    | YES         | NO          |
| THROMBOSIS, EMBOLISM OR STROKE                         | YES         | NO          |
| RESPIRATORY SYSTEM DISEASES (ASTHMA)                   | YES         | NO          |
| DIABETES   | YES         | NO          |
| EPILEPSY   | YES         | NO          |
| KIDNEY OR URINARY DISEASE                              | YES         | NO          |

Affiliated to WMH recognised by FIH

Committee: Barry Froneman (President), Kevin Nicol (Treasurer), Rob Birt (Secretary), Carol Ann James, Judy Linden, Rodney Robb, Gary Talbot and

Karl Luff

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**IF YOUR ANSWER WAS "YES" TO ANY OF THE ABOVE LISTED DISEASES, PLEASE FILL IN EXACTLY WHICH DISEASE(S) HAVE BEEN DIAGNOSED, THE PRESCRIBED MEDICATION YOU MAY BE TAKING AND HOW OFTEN.**

Empty space for providing details of diagnosed diseases and medication.

PLEASE DESCRIBE ANY **OPERATION PROCEDURES** YOU HAVE HAD IN THE PAST 36 MONTHS (REASON FOR OPERATION AND PROCEDURE, WHERE, WHEN, ANY SIDE EFFECTS FROM THE ANESTHESIA, PHYSIOTHERAPY AND RECOVERY STATUS).

ARE YOU ALLERGIC TO ANY FOOD, MEDICATION OR ANYTHING ELSE (LATEX, IODINE CONTRASTS, INSECTS AND OTHER).

Empty space for providing allergy information.

|                       |       |              |       |
|-----------------------|-------|--------------|-------|
| ARE YOU A SMOKER?     | OFTEN | OCCASIONALLY | NEVER |
| DO YOU DRINK ALCOHOL? | OFTEN | OCCASIONALLY | NEVER |

I AGREE TO INFORM OUR PHYSIO AND TEAM MANAGER ABOUT ANY PERSONAL HEALTH CHANGES PRIOR TO TRAINING MEETINGS AND THE INTER PROVINCIAL TOURNAMENT OF 2021

I CONFIRM THE INFORMATION SUPPLIED IN THIS QUESTIONNAIRE IS AUTHENTIC AND CORRECT TO THE BEST OF MY KNOWLEDGE.

.....  
**SIGNATURE**

.....  
**DATE**

**PLEASE RETURN SIGNED, COMPLETED MEDICAL QUESTIONNAIRE TO: [secretary@sagmha.co.za](mailto:secretary@sagmha.co.za) AND YOUR PROVINCIAL TEAM MANAGER**

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