

**HEALTH CHECK DISCLOSURE**

**THIS IS A CONFIDENTIAL DOCUMENT AND IS USED BY THE COACHES TO ASSESS THE ABILITY OF THE PLAYER TO TRAIN/PLAY RUGBY UNION.**

**NORTH HYKEHAM R.U.F.C. HAVE A DUTY OF CARE TOWARDS ITS PLAYERS AND YOUR DISCLOSURE HELPS TO ENSURE THAT THE CLUB DISCHARGES ITS LIABILITIES CORRECTLY. IF THE PLAYER IS A MEMBER OF ONE OF THE CLUB'S YOUTH SECTIONS THIS FORM MUST BE COUNTERSIGNED BY A PARENT/GUARDIAN.**

**NAME OF PLAYER** .....

**AGE AND DATE OF BIRTH** .....

**CONTACT ADDRESS AND TELEPHONE NUMBERS IN THE EVENT OF AN EMERGENCY**  
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**IS THERE A HISTORY OF HEART DISEASE IN YOUR FAMILY** YES / NO

**DO YOU SMOKE** YES / NO

**ARE YOU TAKING PRESCRIBED MEDICATION** YES / NO

**DO YOU SUFFER WITH JOINT PROBLEMS** YES / NO

**DO YOU SUFFER FROM ASTHMA** YES / NO **DO YOU CARRY AN INHALER** YES / NO

**DO YOU SUFFER FROM DIABETES** YES / NO

**DO YOU SUFFER FROM ALLERGIES** YES / NO **GIVE DETAILS**  
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**HAVE YOU HAD ANY RUGBY RELATED INJURIES IN THE PAST WHICH MAY AFFECT YOUR ABILITY TO TRAIN/PLAY THE GAME** YES / NO **GIVE DETAILS**

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**ARE THERE ANY OTHER HEALTH ISSUES NOT COVERED ABOVE WHICH YOU FEEL THAT THE COACH SHOULD KNOW ABOUT** YES / NO **GIVE DETAILS**

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**SIGNED** ..... **DATE** .....

**COUNTERSIGNED (YOUTH PLAYER)** .....

**RELATIONSHIP** .....