

Professional Athlete Medical Screening Form

Personal Details

Full Name

Date of Birth

Sex

Team/Club

Sport & Position

Nationality

Medical History

Current Medical Conditions

Current Medications

Allergies

Surgical History

Injury History

Major Injuries (past & present)

Rehabilitation/Treatments Undertaken

Family Medical History

Any family history of significant illness (e.g. cardiac disease, diabetes, etc.)

Screening Details

Height (cm)

Weight (kg)

Blood Pressure

Resting Heart Rate

Screening Observations

Declaration

I declare that the above information is accurate and complete to the best of my knowledge.

Date