



GREY KOLLEGE SEKONDÊR COLLEGE SECONDARY

A SOUTH AFRICAN PARALLEL MEDIUM SCHOOL FOR BOYS

'N SUID-AFRIKAANSE PARALLELMEDIUMSKOOL VIR SEUNS

Speler Noemnaam:

Player's First Name:

Mediese Vraelys/Medical Questionnaire

Al die informasie is vertroulik/All information is confidential

Speler Inligting/Player Information

Voorname/Names: _____

Van/Surname: _____

Woon Adres/Home Address: _____

ID Nommer/ID Number: _____

Geboorte Datum/Date of Birth: _____

Telefoon Nr./Telephone No.: _____

Huis/Home: _____

Sel/Cell: _____

E-Pos/E-Mail: _____

Geslag/Gender

Manlik/Male

Vroulik/Female

Mediese Inligting/Medical Information

Hooflid Besonderhede/Particulars of Main Member

Voorname/Names: _____

Van/Surname: _____

Woon Adres/Home Address: _____

Geboorte Datum/Date of birth: _____

Telefoon Nr/Telephone No.: _____

Huis/Home: _____

Werk/Work: _____

Sel/Cell: _____

Faks/Fax: _____

ID Nommer/ID Number: _____

Geslag/Gender:

Manlik/Male

Vroulik/Female

E-Pos/E-Mail: _____

Mediese Fonds Besonderhede/Medical Aid Particulars

Mediese Fonds/Medical Aid: _____

Mediese Fonds Nr./Medical Aid No.: _____

Plan: _____

Afhanklike Kode/Dependant Code: _____

Huisdokter/House Doctor: _____

Telefoon Nr./Telephone No.: _____

Werk/Work: _____

Sel/Cell: _____

Tandarts/Dentist: _____

Telefoon Nr./Telephone No.: _____

Werk/Work: _____

Sel/Cell: _____

Ander Inligting/Other Information

Neem jy deel aan ander sport?

Do you participate in another sport?

Ja/Yes

Nee/No

Indien **Ja**, voltooi die onderstaande tabel/If **Yes** complete the table below

Sport	Aantal of sessies/week Number of sessions/week	Tydsduur van sessies Duration of sessions

Neem jy deel aan ander groep aktiwiteite?
Do you participate in other group activities?

Ja/Yes

Nee/No

Aktiwiteit/Activity	Aantal of sessies/week Number of sessions/week	Tydsduur van sessies Duration of sessions

Ander Mediese Besonderhede/Other Medical Particulars

Neem jy enige chroniese medikasie?
Do you take any chronic medication?

Ja/Yes

Nee/No

Indien **Ja**, lys medikasie:

If **Yes**, list the medication:

Het jy....?/Do you have....?

Epilepsie/Epilepsy:

Ja/Yes

Nee/No

Hepatitis A:

Ja/Yes

Nee/No

Hepatitis B:

Ja/Yes

Nee/No

Diabetes:

Ja/Yes

Nee/No

Hart probleme/Heart problems:

Ja/Yes

Nee/No

Hart Kloppings/Palpitations:

Ja/Yes

Nee/No

Breuk/Hernia:

Ja/Yes

Nee/No

Is jy ingeend teen?/Are you inoculated for?

Hepatitis A:

Ja/Yes

Nee/No

Hepatitis B:

Ja/Yes

Nee/No

Tetanus:

Ja/Yes

Nee/No

Ander/Other:

Ja/Yes

Nee/No

Spesifiseer/Specify:

Visie/Vision

Dra jy bril/Do you wear glasses?

Ja/Yes

Nee/No

Kontak lense/Contact lenses?

Ja/Yes

Nee/No

Harsingskudding/Concussion

Het jy al harsingskudding gehad?

Have you had concussion before?

Ja/Yes

Nee/No

Hoeveel keer/How many times?

Verskaf datums van insident(e):

Supply dates of incident(s):

Mond/Teeth

Dra jy 'n mondkerm gedurende oefening?

Do you use a mouth-guard during training?

Ja/Yes

Nee/No

Dra jy 'n mondkerm gedurende wedstryde?

Do you use a mouth-guard during matches?

Ja/Yes

Nee/No

Asma/Asthma

Is jy 'n asma leier/Do you have asthma?

Ja/Yes

Nee/No

Neem jy medikasie vir asma?

Do you take medication for asthma?

Ja/Yes

Nee/No

Spesifiseer/Specify:

Bring jy jou medikasie na oefeninge en wedstryde toe?

Do you take your medication to training and competitions?

Ja/Yes

Nee/No

Allergië/Allergies

Is jy allergies vir die volgende/Are you allergic to the following?

Pleister/Plaster:

Ja/Yes

Nee/No

Ys/Ice:

Ja/Yes

Nee/No

Medikasie/Medication:

Ja/Yes

Nee/No

Spesifiseer/Specify:

Allergië/Allergies?

Beserings Geskiedenis/Injury History

Was jy beseer verlede seisoen?/Were you injured last season?

Dra beskermende toerusting? (Spesifiseer)/Do you wear protective gear? (Specify)

Het jy nog enige las van vorige beserings? (Spesifiseer)/Do you still suffer from previous injuries? (Specify)

Benodig jy spesifieke strapping of ondersteuning vir 'n vorige besering?/Do you require specific strapping or support for a previous injury?

Het jy enige frakture gehad die afgelope drie jaar?/Have you had any fractures in the last three years?

Hiermee gee ek toestemming dat die mediese personeel verbonde aan Grey Kollege, indien dienste verskaf aan my seun, die nodige fondse mag verhaal van my betrokke mediese fonds.

I hereby grant permission that if the medical staff at Grey College render treatment to my son, the expenses incurred may be claimed from my medical aid fund.

Handtekening/Signature

Datum/Date