**Personal Confidential Medical Details for:**

**(insert your usual preferred name here) ………………………………………………………………………………**

This ‘Message in a Bottle’ is to help emergency services personnel to save valuable time in

identifying an individual and in knowing some of their medical details.

The form will only be given to paramedics and doctors if you have an accident or fall ill whilst playing for Norfolk Seniors CC.

The Club and its officials will have no access to these records at any time.

Please keep this sheet sealed in the containers provided; the scorer should retain it during the game

NHS number: Mobile number: Landline number: Dob: Blood Group:

Emergency Contacts / Next of Kin:

Name: Telephone: Address:

Name: Telephone: Address:

Family Doctor/GP contact:

Name: Telephone: Address:

Do you wear glasses? YES/NO Do you wear a hearing aid? YES/NO

Do you wear contact lenses? YES/NO Do you have false teeth? YES/NO

Do you have an inhaler? YES/NO If yes, what make:

Please list any artificial body parts (e.g. false knee, false eye, heart valve, pacemaker):

Do you have any allergies to medication (name of drug & reaction):

Are you recovering from an injury (if so, which):

List any medication that you regularly take (medication and dose if known):

Have you now or have you ever had any of the following - please tick any that apply:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heart disease |  |  | Diabetes |  |
| Irregular or rapid heartbeat |  |  | Clotting disorder |  |
| Emphysema |  |  |  Thyroid problem |  |
| High blood pressure |  |  | Asthma |  |
| Stroke |  |  | Kidney disease |  |
| High cholesterol |  |  |  Liver disease |  |
| Chest pain |  |  | Epilepsy |  |
| Fainting |  |  | Arthritis |  |
| Shortness of breath |  |  | Neurological disorder |  |
| Blurred vision |  |  | Parkinsons |  |
| Concussion |  |  | Cancer |  |