



# Personal and confidential

Name in Block \_\_\_\_\_

DOB \_\_\_\_\_

Height \_\_\_\_\_ weight \_\_\_\_\_ Blood Group \_\_\_\_\_

## Vaccinations:

Tetanus Date \_\_\_\_\_

Polio Date \_\_\_\_\_

## Acute Medical Conditions :

Condition: \_\_\_\_\_

Present treatment \_\_\_\_\_

Prophylactic \_\_\_\_\_

(Medicine or course of action used to prevent disease)

Emergency \_\_\_\_\_

## Medical Conditions

The athlete mention above suffers from \_\_\_\_\_ since \_\_\_\_\_

Regular Medication \_\_\_\_\_

Allergies \_\_\_\_\_

Family doctor \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

I declare that all the above information is true and correct. Signature \_\_\_\_\_

Please put this document in a sealed envelope and pass it on to your club coach if you are not traveling with a parent or an official guardian.