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|  | **Medical Declaration Form** |

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| **Tournament** |  | **Venue** |  | |
| **Age Group and Gender** |  | **Team** |  | |
| **Full Name of Player** |  | | **Shirt No** |  |

This form is to be completed by the Player, Team Doctor or Team Manager and submitted to the Event Medical Officer or Event Doctor, or in their absence to the Event Technical Delegate. **All information listed will be kept secure and treated in strict confidence. This form will be destroyed after the tournament is completed.**

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| **General Medical Condition**  **List any medium/long term conditions (eg asthma) and other facts (eg replacement joint, pacemaker)** | | | | | |
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| **Medication**  **List all medication currently taken on a regular basis (include quantity and frequency)** | | | | | |
| **Medication** | **Reason** | | **Dosage** | **Frequency** | **Other Comments** |
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| **Medication**  **List all medications to which you have an allergic reaction** | | | | | |
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|  | | | | | |
| **Allergies  List any known allergies** | | | | | |
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| **Additional Equipment Used**  **List any additional protective equipment used on the field (eg facemask, leg brace, goggles etc)** | | | | | |
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| **Next of kin (Name)** | |  | | | |
| **Contact details (Tel)** | |  | | | |

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| **Completed By (Name)** |  | **Position** |  |
| **Signature** |  | **Date** |  |

WMH/MDF/v7