



MEDICAL FORM TO BE COMPLETED BY ATHLETES, CARERS & VOLUNTEERS

2010 Boccia Championships

Name: _____

Address: _____ Post Code _____

Phone: H: _____ M: _____

Disability: _____ D.O.B. ____ / ____ / ____

Next of Kin: _____ Relationship: _____

Address: _____ Post Code _____

Phone: H: _____ M:- _____

- I have no current medical problems
- I have been passed medically fit by a doctor on (Date) ____ / ____ / ____
- I have a minor medical problem(s), details are listed below
- I have a major medical problem for which:-
 - I am currently being treated by a doctor
 - I am currently managing myself – details are listed below
- I have special medical requirements – details are listed below

Details: _____

Medical History (please include any specific and recent medical history)

Current Medication				
Type	Dosage	Frequency	Reason	Self-medicate?
				Y / N
				Y / N
				Y / N

Please use reverse of form if needed

Allergy details (to medication, food, bee stings etc)

Name _____

Signature _____ Date ____ / ____ / ____

(Parent / Guardian if under 18)

ATHLETE/CARER/VOLUNTEERS MUST COMPLETE THIS FORM UPDATED JAN 2010