

Athlete Medical Form

This form is NOT an application for a Therapeutic Use Exemption (TUE). A TUE form can be downloaded from the WMA website. If you have a medical condition of which you wish to make the local organizing committee (LOC) aware, please download and complete this medical form and email it to the LOC Medical Records Manager. The information you give will assist medical personnel at the Perth 2016 World Masters Athletics Championships to provide you with the best medical care, especially if you have any serious medical conditions. Your details will be held in confidence and used only for reference if required during the championships.

Family Name Given Name.....

Date of Birth.....Country

Mobile/cell contact number

Do you have any current medical problems? Yes () No ()

Are you receiving treatment at present for any medical conditions? Yes () No ()

Are you allergic to anything (medication, food, insect bites etc.)? Yes () No () Please add any details:

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Please list any medication that you are taking with dosage

.....

Who is your treating medical Doctor?

NameAddress.....

EmailTelephone number

In an emergency are you willing to receive blood? Yes [] No []

Please give the name and mobile/cell number for a contact in the case of an emergency

NameMobile/cell contact number.....

I understand that the details I have given are to help me to receive the best medical care during the Perth 2016 World Masters Championships. I also agree to allow WMA to hold my medical data in the WMA database or WMA Anti-Doping and Medical Database.

Signature: Date:

This form should be returned by email to Bob Schickert, WMAC Perth 2016 Medical Records Manager at rschicke@bigpond.net.au