



ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL ONLY BE USED FOR THE PURPOSES OF PROVIDING MEDICAL MANGEMENT IN THE EVENT OF ILLNESS OR INJURY.

Medical Information Form

Player Surname: _____ Given Names: _____

DOB: _____

Is there any Medical Condition or any other Condition we need to be aware of whilst you are attending and travelling to / from Fiji Soccer Cup?

Such as but not limited to... Asthma, Heart problem, Diabetes, Fainting, Current or reoccurring injury / illness, etc.

Yes / No

If you have answered Yes to the above, please provide details.

Please list any current medical conditions, including the name and dosages of any current medications (incl. supplements, puffers/inhalers).

Are any of the above conditions likely to affect your performance? **Yes/No.**
Please give details. _____

Declaration.

(To be completed by parent/guardian if person is under the age of 18).

I declare I am not consuming, administering or in possession of illegal substances and / or drugs.

To the best of my knowledge, the information provided on this document is complete and correct.

Signed: _____ Name: (Print) _____ Date: _____

Signed: _____ Player Name: (Print) _____ Date: _____