



PLAYER HEALTHCARE



This form must be given to the Head of Delegation prior to the start of the championship.

To improve medical care in case of emergency of each player and official at an international championship, the WPA Executive request that each individual attending completes this form prior to the event.

Full Name:	
Passport Number:	
Emergency Contact Name:	
Emergency Contact Number:	

ALLERGIES YES NO

If yes, please state what type of allergy e.g. food, medication (penicillin or other), pollen etc.

CURRENT MEDICAL CONDITIONS:

Please list the conditions and any medications required:

CURRENT USE OF MEDICATION:

Please list the medications you are currently using:

Note: With the information provided on this form, the local medical team can provide better and accurate medical care for the player or official in case of an accident or any other medical care treatment that might be needed during the championship.

Privacy: The provided information will only be made available for members of the medical team, please seal the completed form in an envelope and initial the seal. The envelope will be returned to the player/official at the end of the championship.