## **NATWEST ISLAND GAMES**

## ATHLETE'S MEDICAL CARD

## **PART 1: PERSONAL DETAILS**

Country		
First Name	Surname	_
Address	Telephone Home	_
	Mobile	_
	Email	_
	Gender Male/Female	
Date of BirthDd/mm/yy	Social Security No	
PART 2: NEXT OF KIN DETA	LS (to be contacted in case of emergency)	
First Name	Surname	_
Address	Telephone Home	_
	Work	_
	Mobile	_
	Relationship	_
PART 3: ABOUT YOUR NOR General Practitioner	MAL MEDICAL TEAM	
Name	Telephone Home	_
Address	Work	_
	Mobile	_
Therapist (Physio/Masseur)		
Name	Telephone Home	
Address	Work	_
	Mobile	

## PART 4: GENERAL MEDICAL DETAILS

Signat	ure	Date		
	(print name)			<del></del>
Athlete First N	e to Sign ame	Surname		
require	d for medical treatment.			
	ation will be kept confidential at the Ga	mes Village/accommodation and	only acces	sed wher
file by	the General Team Manager and the	Team Doctor appointed f	or the Gan	nes. This
The ab	ove information is correct to the best of my	y knowledge and I agree to the info	rmation bei	ng held or
PART	5: DECLARATION			
6.	Do you use asthma medication? (ple	ease circle)	Yes	No
	• Rabies			<del> </del>
	Typhoid			
	Tetanus			
	• Polio			
5.	What is your current immunisation state	e against the following: (please list)		
	(please list)			
4.	Which dietary supplements/drinks/herb (please list)	al remedies/tonics, etc do you use?	,	
0.	(please circle) If Yes, please provide o			
3.	Do you have any allergies to medicines	s food or environmental factions?	Yes	No
۷.	Have you had any significant previous in (please circle) If Yes, please provide of		1 es	NO
2.	Have you had any significant provious	illness or aparation?	Yes	No
	(please circle) If Yes, please provide o			
1.	Do you suffer from any chronic or recur	rring medical problem?	Yes	No