



MEDICAL CLEARANCE FORM FOR PLAYERS/OFFICIALS

To be completed by the doctor and the player/official

This form is required and must be completed by the doctor/clinician and the player.
Scan the completed form and upload on the website.

Person's Full Name	<input type="text"/>			Date of Birth	<input type="text"/>
	Surname	First Name	Other Names		Day/Month/Year

Physical Exam (*A doctor's or clinician's signature is required*)

A recent physical exam is required for all prospective players/officials. A clinician must complete this section. Please fill appropriately:

Physical Exam performed including:

- o blood pressure and pulse*
- o blood hemoglobin, cholesterol, and urine*
- o heart and lungs*
- o vision*
- o neurological responses (reflexes)*
- o abdomen (to check for an enlarged spleen or hernias)*
- o skin (to check for infections or contagious conditions)*

If the above named person is passed fully fit to participate in the competition. Kindly tick: ☐

Else, if medical concerns identified. Describe briefly in the box below:

(Also, kindly attach a letter of explanation)

Clinician's Signature

Date

Person's Signature (*Required*)

I am aware of the information provided by my doctor/clinician completing this form regarding medical concerns and participation in the competition.

Person's Signature

Date