

Medical Declaration

Swimmers Name:

The following should be completed by members of the

Team (Auckland or Club)

Travelling overseas or to National Championships, and forwarded to the Team Manager before the team departs.

A Certificate of Amateur Status: I declare that I am an amateur as defined in FINA Rule GR1.

B Certificate of Birth: My birth date is . A copy of birth certificate is/ is not required.

C Certificate of Health: This certificate is to help team officials understand competitor's problems, if any.

1 Are you receiving medical attention as present? If the answer is YES, please attach a certificate of fitness to compete from your doctor.

2 State whether you are:

I Allergic to any drugs, e.g. penicillin etc.

II Are you aware of any medical condition of which the Team Manager should be aware e.g. diabetes, epilepsy, asthma, ear complaints, etc.

If YES, state condition

Team Manager

Home Address

Home Phone (for use in case of changed travel arrangement or illness)

During Competition

Contact Address

Contact Phone

If under 20 years of age, countersigned by parent/guardian:

I consent to the collection of the above information for the purposes of medical safety while travelling and for this information to be retained, used and disclosed if necessary. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

Swimmer:

Date: