



FIM AFRICA COMPETITOR MEDICAL INFORMATION FORM

YOU are requested, in your own interest, to complete this document, which will be held at Race Control for use by the Chief Medical Officer

COMPETITOR'S PERSONAL DETAILS

COMPETITION NO:		FMN LICENCE NO:	
SURNAME:		ID/PASSPORT NO:	
FULL FIRST NAME(S):			
RESIDENTIAL ADDRESS:			
HOME TEL NO:	+	WORK TEL NO:	CELL NO:

CONTACT PERSON IN THE EVENT OF AN EMERGENCY

NAME:		RELATIONSHIP (i.e. Wife, etc.):	
HOME TEL NO:		WORK TEL NO:	CELL NO:

MEDICAL AID / MEDICAL INSURANCE DETAILS FOR HOSPITAL ADMISSION PURPOSES

<i>I hereby agree to be attended to by doctors/paramedics if I am injured and wish to be transported to the type of hospital indicated. PLEASE NOTE THAT IF YOU HAVE INDICATED THAT YOU WISH TO BE TREATED AT A PRIVATE FACILITY IT IS ESSENTIAL THAT YOU COMPLETE THE FOLLOWING SECTION AND PROVIDE PROOF OF MEDICAL AID / MEDICAL INSURANCE TO GUARANTEE YOUR ADMISSION TO A PRIVATE FACILITY FAILING WHICH YOU WILL BE TRANSPORTED TO THE NEAREST APPROPRIATE FACILITY</i>			PRIVATE	
			STATE	
Do you currently hold Competitors insurance from your Federation?			YES	NO
Please mark the maximum medical benefit for which you are currently insured by your FMN/Medical Insurer (This is/should be marked on your insurance card; please ensure that your insurance card is handed in together with your competition licence and Passport at documentation).			R100,000	R250,000
			R500,000	
MEDICAL AID SCHEME NAME:		TYPE OF SCHEME:		
MEMBERSHIP NUMBER:		PRINCIPAL MEMBER:		
PERSONAL (HOME) DOCTOR:		CONTACT NUMBER:		

COMPETITOR MEDICAL INFORMATION

MEDICATION/MEDICAL CONDITION(S):					
ALLERGIES:			BLOOD GROUP		
HAVE YOU SUSTAINED A RECENT INJURY /ILLNESS:	YES	NO	IF YES, HAVE YOU BEEN CLEARED AS MEDICALLY FIT TO COMPETE?	YES	NO

WERE YOU INJURED IN YOUR LAST EVENT? – IF YES WHAT INJURIES DID YOU SUSTAIN:

I/WE HAVE READ AND UNDERSTOOD THE FIM AFRICA GCR's AND SIGNIFY MY/OUR AGREEMENT TO ABIDE BY THESE RULES BY SIGNING THIS ENTRY FORM.

COMPETITOR:	(Signature)	PARENT/LEGAL GUARDIAN IF UNDER 21 YEARS OF AGE	(Signature)
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