

**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 Birth \_\_\_\_\_ Social Security No \_\_\_\_\_

\_\_\_\_\_ Dd/mm/yy \_\_\_\_\_

**PART 2: NEXT OF KIN DETAILS (to be contacted in case of emergency)**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Telephone Home \_\_\_\_\_

\_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_ Mobile \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

**PART 3: ABOUT YOUR NORMAL MEDICAL TEAM**

**General Practitioner**

Name \_\_\_\_\_ Telephone Home \_\_\_\_\_

Address \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_ Mobile \_\_\_\_\_

**Therapist (Physio/Masseur)**

Name \_\_\_\_\_ Telephone Home \_\_\_\_\_

Address \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_ Mobile \_\_\_\_\_

**PART 4: GENERAL MEDICAL DETAILS**

1. Do you suffer from any chronic or recurring medical problem? **Yes No**  
(please circle) If Yes, please provide details:

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2. Have you had any significant previous illness or operation? **Yes No**  
(please circle) If Yes, please provide details:

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3. Do you have any allergies to medicines, food or environmental factions? **Yes No**  
(please circle) If Yes, please provide details:

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4. Which dietary supplements/drinks/herbal remedies/tonics, etc do you use?  
(please list)

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5. What is your current immunisation state against the following: (please list)

- Polio \_\_\_\_\_
- Tetanus \_\_\_\_\_
- Hepatitis A \_\_\_\_\_
- Typhoid \_\_\_\_\_
- Rabies \_\_\_\_\_

6. **Do you use asthma medication? (Please circle)** **Yes No**

If Yes, do you have a TUE? Have you made a declaration? If Yes, you will be followed up by the Medical Team.

**PART 5: DECLARATION**

The above information is correct to the best of my knowledge and I agree to the information being held on file by the General Team Manager and the ..... Team Doctor appointed for the Games. This information will be kept confidential at the Games Village/accommodation and only accessed when required for medical treatment.

**Athlete to Sign**

**First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_  
(print name)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_