



Skaters Health Care Form

THIS FORM MUST BE RETURNED BY: FEBRUARY 17, 2014

Please fill in with computer or write in capital letters!

Form C 11

To improve medical care of each skater at ISU Events, in case of emergency, the ISU Medical Advisors request that the skaters fill out this form prior to the Event or at Registration/Accreditation of each event.

NAME:

PASSPORT NUMBER:

MEMBER:

DISCIPLINE:

EMERGENCY CONTACT

NAME AND NUMBER:

ALLERGIES: YES / NO

If yes, what type (food, medications (penicillin or others), pollen, dust etc):

CURRENT MEDICAL CONDITIONS:

Please list the conditions and any medications required.

Note:
 In order to provide improved medical care at ISU Events, it is requested that each skater (or their team leader or medical personnel) complete the Skater Health Care Form. This form should be presented at the time of registration for each ISU Event (Junior Grand Prix of Figure Skating and Final, Grand Prix of Figure Skating and Final, World Cups, European Championships, Four Continents, World Championships)

The form may be completed just once and kept by the skater and then photocopied for registration at each Event. Copies of the forms will be available for completing at registration for all ISU Events.

With the information provided on this form, the local medical team can provide better and accurate medical care for the skaters in case of accident or any other medical care treatment that might be needed during the Event. Thank you for your cooperation.

please mail or fax to:
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