

MEDICAL INFORMATION (13.)

Deadline: 5th of January 2018

Please fill in with typewriting or write in capital letters!

ISU Member:	
Category:	
Name of the team:	
Coach:	

Competitor

Full name:	
Passport Number:	
ISU Member:	
Discipline:	
Emergency Contact Name:	
Emergency Contact Phone Number:	

Allergies

Type	Yes	No
For medications:		
For food:		
Other:		

Current medical status

Please, list your status, any medications required!

Signature

Filled by:		Date:	
Title:		Signature (at registration):	