



**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**

**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** \_\_\_\_\_