

DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES

[please print all information and complete in English]

Athlete's Name Registration No

I understand that DSISO requires me to state any known medical conditions that may compromise my safety in the water. I understand that I must state the current management for my condition[s] **(please print n/a if there are no associated medical conditions)**

I have the following medical condition(s)

The current management for the above is

I understand that if I fail to state any known medical conditions and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the competition. I also understand that if a condition becomes evident for the first time during competition and is diagnosed at the time e.g. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

SIGNATURE OF DOCTOR / CONSULTANT _____ Date.....

Name/Surgery Stamp (essential).....



SIGNATURE OF SWIMMER _____

SIGNATURE of PARENT/GUARDIAN/WARD [UNDER AGE 18]:

_____ Name.....DATE _____

This form is to be resubmitted if there are changes to the condition and medication and/or management.