

VICTORIAN ELECTRICAL WHEELCHAIR SPORTS ASSOCIATION INC.
Reg No A0020182K ABN 54 171 697 981



PRIVATE AND CONFIDENTIAL

TO BE COMPLETED BY A MEDICAL PRACTITIONER (only if the player has not previously competed within VEWSA.)

I.....certify that
(Name of Medical Practitioner) (Name of Player)

is currently taking the following prescribed Medication/s

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.....
.....
.....

for and uses an electric wheelchair
(Medical Condition)
for daily mobility.

If Medication is used for Epilepsy, how long after a Seizure has commenced is an Ambulance required.

.....
.....
.....

Treating Hospital:.....

Emergency Contact Phone No.....

SIGNED.....
Medical Practitioner

DATE / /

SIGNED.....
Player/Guardian

DATE / /