



MEDICAL FILE FOR PARTICIPATION
HAC SOCCERCAMPS

Name :

First name :

Birthdate :

Address :

Telephone number :

To be completed by your doctor

- Medical History :
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 - Surgical antecedents :
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 - Tetanus vaccine (less than 5 years) :.....

 - Possible allergies :.....
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 - Ongoing treatment :.....
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 - Possible remarks :
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Date and signature of the doctor

**Stam
p**