

ENGLAND AND WALES CRICKET BOARD



CERTIFICATE OF DIAGNOSIS

FULL NAME

ADDRESS.....

.....

TELEPHONE NUMBER..... DATE OF BIRTH.....

REGION/COUNTY..... MALE OR FEMALE (delete one)

CLUB

APPLICANT'S SIGNATURE.....

MEDICAL DETAILS

THIS SECTION TO BE COMPLETED BY A Consultant, GP or Physiotherapist

NAME OF APPLICANT.....

DIAGNOSIS.....
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ANY OTHER RELEVANT FACTORS, e.g. EPILEPSY, DIABETES, HEART DISEASE, HAEMOPHILIA.

I HEREBY CERTIFY THAT THE ABOVE-NAMED PERSON HAS THE DIAGNOSIS SPECIFIED ABOVE.

SIGNATURE

Profession.....

Contact details (in case of need for further information).....