

## SNZ MEDICAL INFORMATION FORM

Competition/Camp Name:	Address:
Swimmers Name:	
Email:	Work:
Mobile:	Home:

### MEDICAL INFORMATION

- Allergies -
  - Dietary Requirements -
  - Doctor (Name/Contact Details) -
- 
- Other important medical information -

### MEDICATIONS

SALBUTAMOL (ie. Ventolin)	A		BUDESONIDE (Pulmicort)	E		
SALMETEROL (ie.Serevent)	B		BECLOMETHASONE (ie.Becotide)	F		
TERBUTALINE (ie.Bricanyl)	C					
FLUTICASONE	D					
Other medication taken for the treatment of Asthma	G		Name of Medication:			

Please list ALL medication currently being taken for any other medical condition including vitamins and dietary or nutritional supplements in the space below:

### ALL OTHER MEDICATION

- Vitamins -
- Supplements -
- Other Medications -

### GENERAL MEDICAL INFORMATION

Have you had a flu injection in the last 6 months YES/NO

Have you taken any preventative such as Tamiflu for Swine Flu/Influenza H1N1 or been exposed to someone that has been confirmed of this virus? YES/NO

### DETAILS:

#### DECLARATION

I declare that I do not take any form of MEDICATION other than listed above (this includes vitamins and supplements)

Please tick box



<b>ATHLETE SIGNATURE</b>	<b>IF UNDER 18 - SIGNATURE OF PARENT/GUARDIAN</b>
Name:	Name:
Date:	Date: