



OWIA INJECTION DECLARATION FORM

ATHLETE DETAILS			
Athlete Surname		First name(s)	
Date of birth			
Sport		Discipline	
Coach Name			
Current Residential Address			
Mobile Number		Alternate no.	
Email			
CLINICAL NOTES			
History			
Examination Findings			
Further Investigations			
Diagnosis			
<i>Please attach additional/supporting evidence</i>			
Are there any appropriate non-injectable alternative medications			
If yes, please provide details			
INJECTION DETAILS			
Date of Injection			
Medication Injected (commercial & generic names)			
Dosage and Volume of Medication			
Route of Injection			
<i>Please note intravenous infusion >50ml requires a TUE (Banned Method) and FIS &/or ASDMAC TUE should be sought by the treating Physician.</i>			
PHYSICIAN DETAILS			
Doctor's Surname		First name(s)	
Clinic Address			
Clinic Phone Number		Mobile no.	
Email of Treating Doctor Prescribing the Injection			
Injection Administered by			
Are you satisfied that the athlete has been adequately instructed and is competent to safely transport, store, administer and dispose of medication/needles/syringes/bio-material?			

Confirmation

By my signature, I hereby confirm that the information in this form is true and accurate. The injection is medically justified and necessary, in accordance with the OWIA injection policy.

Signed by the prescribing Doctor

Signature of prescribing Doctor

Name of prescribing Doctor (print)

Dated