



## CGF NO NEEDLE POLICY - INJECTION DECLARATION FORM XXI Commonwealth Games, Gold Coast 2018

(Please complete legibly in English)

Email to: [tue@thecgf.com](mailto:tue@thecgf.com)

### ATHLETE

ATHLETE	
<b>Name of the Athlete having received the injection:</b> Click here to enter text.	
<b>Representing CGA of:</b> Click here to enter text.	<b>Sport:</b> Click here to enter text.
<b>Date of Birth:</b> Click here to enter text.	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
INJECTION	
<b>Substance(s) Injected:</b>	
<b>Date and place of injection:</b> Click here to enter text.	
MEDICAL JUSTIFICATION	
<b>Justification for injection, including clinical history and diagnosis (attach confirmatory evidence when available):</b> Click here to enter text.	
PERSON HAVING ADMINISTERED THE INJECTION	
<b>Name, mobile number and e-mail address of Person having administered the injection:</b> Click here to enter text.	
<b>Specialty:</b> Click here to enter text.	<b>Licensed to practice in:</b> Click here to enter text.
Signature of the Person having administered the injection:  <i>By my signature, I hereby confirm that the information in this form is true and accurate and that the injection was medically justified and necessary, and administered in accordance with the CGF No Needle Policy, including safe disposal of needles and associated materials.</i>	
<b>Signature:</b> Click here to enter text.	<b>Date:</b> Click here to enter text.