

CGF NO NEEDLE POLICY – INJECTION DECLARATION FORM BIRMINGHAM 2022



(Please Complete in English in BLOCK CAPITALS)

Email to: tue@thecgf.com

ATHLETE

Name of the Athlete:

Representing CGA of:

Sport:

Date of Birth:

Sex:

Male

Female

INJECTION

Substance(s) Injected:

Anatomical Site of Injection:

Date of Injection:

Date of next competition:

Where was injection performed? (e.g. residence, clinic, competition site etc etc)

PHYSICIAN WHO ADMINISTERED THE INJECTION

Name:

Mobile number:

E-mail address: of:

Specialty:

Licensed to practice in:

Signature of the Physician having administered the injection:

By my signature, I hereby confirm that the information in this form is true and accurate, 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.

Signature:

Date: