

To improve medical care of each skater at ISU Events, in case of emergency, the ISU Medical Advisors request that the Skaters fill out this form prior to the Event or at Registration / Accreditation of each Event.

NAME:**MEMBER:**

Deutsche Eislauf-Union e.V.,
Menzinger Str. 68, 80992 München

DISCIPLINE:**EMERGENCY CONTACT****NAME AND NUMBER:****ALLERGIES:** YES / NO

If yes, what type (food, medications (penicillin or others), pollen, dust etc):

CURRENT MEDICAL CONDITIONS:

Please list the conditions and any medications required.

Note:

In order to provide improved medical care at ISU Events, it is requested that each Skater (or their team leader or medical personnel) complete the Skater Health Care Form. This form should be uploaded to ORS before participation at any ISU Event.

With the information provided on this form, the local medical team can provide better and accurate medical care for the Skaters in case of accident or any other medical care treatment that might be needed during the Event. Thank you for your cooperation.

Information in the form will be kept confidential in ORS and used solely for the purpose of the Skater's health monitoring and if printed will be destroyed after the Event.

Please upload form to ORS: <https://fms.sportresult.com/isu>

This one will be valid for the whole season.

Medical Information Package (# 2)

June 2020

Or send to entries@isu.ch