



## NO NEEDLE POLICY - INJECTION DECLARATION FORM

(Please complete legibly in block capital letters & in English)

Email to: [medical@iwfnet.net](mailto:medical@iwfnet.net)

ATHLETE	
Athlete having received the injection:	
National Federation of:	Competition: <a href="#">Click here to enter text.</a>
Date of Birth: <a href="#">Click here to enter text.</a>	Gender: <input type="checkbox"/> ] Male <input type="checkbox"/> ] Female
INJECTION	
Injected: <a href="#">Click here to enter text.</a>	
Date and place of injection: <a href="#">Click here to enter text.</a>	
MEDICAL JUSTIFICATION	
including clinical history and diagnosis (attach confirmatory evidence when available): <a href="#">Click here to enter text.</a>	
PERSON HAVING ADMINISTERED THE INJECTION	
<a href="#">Click here to enter text.</a>	
Specialty: <a href="#">Click here to enter text.</a>	Licensed to practice in:
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 IWF Needle Policy, including safe disposal of needles and associated materials.</i>  Signature: <a href="#">Click here to enter text.</a> <span style="float: right;">Date: <a href="#">Click here to enter text.</a></span>	