PLAYER MEDICAL ASSESSMENT FORM

MYSAFA

I the undersigned hereby certify that I examined:

Player Surname: _____ First Name/s: _____

ID or Passport Number: _____ Nationality: _____

Age Group in 2026: _____ (Age turned by 31 December 2026)

BP: _____ Pulse: _____ Heart: _____

Chest: _____ Ears: _____ Nose: _____ Throat: _____

Abdomen: _____ Musculo Skeletal System: _____

Central Nervous System: _____

Any other visible signs of injury (please describe): _____

_____

_____

Additional Comments: _____

_____

Having examined the above player, I hereby declare that the player is mentally and physically:

FIT UNFIT (please circle)

to continue competitive sporting activity.

Medical Practitioner Stamp

MEDICAL PRACTITIONER:

Name: _____

Date: _____ Signature:_____