ENGLAND AND WALES CRICKET BOARD

CERTIFICATE OF DIAGNOSIS

FULL NAME ……

ADDRESS……

……

TELEPHONE NUMBER…… DATE OF BIRTH……

REGION/COUNTY…… MALE OR FEMALE (delete one)

CLUB ……

APPLICANT'S SIGNATURE……

MEDICAL DETAILS

THIS SECTION TO BE COMPLETED BY A Consultant, GP or Physiotherapist

NAME OF APPLICANT……

DIAGNOSIS……
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……

ANY OTHER RELEVANT FACTORS, e.g. EPILEPSY, DIABETES, HEART DISEASE, HAEMOPHILIA.

I HEREBY CERTIFY THAT THE ABOVE-NAMED PERSON HAS THE DIAGNOSIS SPECIFIED ABOVE.

SIGNATURE ……
Profession……

Contact details *(in case of need for further information)*……