



SKATER HEALTH CARE

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:

PASSPORT

NUMBER:

MEMBER:

DISCIPLINE:

EMERGENCY

CONTACT PERSON:

EMERGENCY

CONTACT NUMBER:

BLOOD TYPE: A / B / AB / O

ALLERGIES: YES / NO

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

OTHER MEDICATIONS TAKEN FOR CURRENT MEDICAL CONDITIONS:

Please list the conditions and the medications required.
