

Fitness for duty/end of medical treatment form
 No cover given until receipt of written confirmation from
 the programme administrators

Fitness for duty/end of medical treatment form	
IMPORTANT NOTICE	
<p>All questions must be answered to enable Cleveland Clinic to undertake a medical review on behalf of the programme administrators, Miller.</p> <p>Completing and signing this form does not bind the programme administrators to decide that cover should be provided.</p> <p>If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).</p> <p>Every question must be answered fully, correctly and in legible English language.</p> <p>All supporting up-to-date objective medical evidence (MRI report and image, X-ray report and image, CT report and image) must be provided in legible quality as well. All reports are to be provided in legible English language.</p> <p>This form must be sent, signed and dated, by e-mail message to: E-mail: FIFA@miller-insurance.com including up-to-date objective medical evidence (MRI report and image, X-ray report and image, CT report and image)</p> <p>Any existing injury exclusion shall apply until such time as this form is received from the football club or national association, including up-to-date objective medical evidence (MRI report and image, X-ray report and image, CT report and image), and reviewed at the programme administrators' discretion, and accepted and confirmed in writing.</p>	
1. Football player's name and date of birth	
2. Football player's club	
3. Date on which football player joined national association squad	/ / DD MM YYYY
4. Reason of medical or physical conditions that required medical treatment ¹ on the date the player joined the national association squad	Please provide details of injury/medical treatment:
5. On what date was the player fit and able to train and play with the national association squad without any medical treatment ² ?	/ / DD MM YYYY
6. Do you confirm that the above-named player is fit and able to train and play with the national association squad without any medical treatment ¹ ?	<p>YES <input type="checkbox"/></p> <p>Please provide up-to-date objective medical evidence:</p> <ul style="list-style-type: none"> - MRI report and image - X-ray report and image - CT report and image

¹ **“Medical treatment”** means the treatment or medication given to a football player by a health care practitioner for the reason of a physical injury caused by an accidental incident or degeneration or degenerative condition at the commencement of the “operative time” unless the medication or treatment is given to a football player to improve his physical condition and general health.

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DECLARATION: We confirm, on behalf of the football club, national association and the player, that: (i) the information contained in this form and on pages attached to this form is to the best of our knowledge and belief true and accurate in every respect and that no relevant details have been omitted; and (ii) the football club and the national association may store and process such information for the purposes of administering any potential loss, and may share such information with appropriate third parties, including Miller and Cleveland Clinic, on their behalf for such purpose.			
Name of national association			
Address			
Telephone/fax			
E-mail			
	Full name	Signature	Date
Team doctor of national			
Team doctor of football player's			

FOOTBALL PLAYER CONSENT

For disclosure and use of personal information

Football player's name	
Football player's date of birth	
Name of registered football club	

I agree and acknowledge that the personal information I provide will be used for the assessment of the certification of fitness/end of medical treatment required under the FIFA Club Protection Programme.

I consent to the following information being provided to Cleveland Clinic, 24 Portland Place, London, W1B 1LU and to such sub-processing of such information, by the programme administrators, Miller, affiliated entities and/or third-party experts (including medical or legal experts), as is necessary to handle the assessment:

1. All relevant medical records relating to the previous injury sustained and for which cover is sought under the policy, including but not limited to an initial medical certificate from the team doctor, hospital reports, emergency ward reports, X-rays/nuclear magnetic resonance tests/scans and other medical documentation.
2. Documentation relating to all follow-up visits, treatment and discharge, including but not limited to health care practitioners' records and reports on examinations, investigations and treatment and X-rays/nuclear resonance tests/scans.

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3. The provision of information concerning my medical history.

I also consent to this information being collected by or passed to, whether within the European Economic Area or otherwise, any affiliated entities of the programme: the programme administrators and any approved experts (including medical or legal experts) to assist with the assessment of the claim, all of whom will agree to preserve the confidentiality of the personal information.

I confirm that the purpose of this consent form has been fully explained to me. I have had the opportunity to ask questions about the above and any questions I had have been answered to my satisfaction.

Signature of football player

Date