JAAA Medical Exemption Before Competition Form

Based on the JAAA selection policy for National Teams, an athlete who is ranked Top 3 in the World in their event (World Athletics Ranking) at the time of closing of the entries for the selection Trials/Championships, may apply for an Exemption from participating at the Trials/Championships and still be considered for selection to that same team. This form is to be used for making that application for Exemption. Please note that the Exemption must be granted before the start of the Trials/Championships and the athlete must still submit an entry for the Trial/Championships.

1. Name of Athlete: _____ Telephone #: _____

Institution: _____ Email Address _____

Address: _____

Athlete's Event: _____

Athlete's SB & PB: Season's Best _____ Personal Best _____

Current World Ranking: _____ Date of Ranking: _____

2. (a) Please provide details on the nature of your injury.

_____

_____

_____

_____

(b) Please provide the name and contact information for the Medical Personnel who diagnosed your injury

Name of Doctor: _____ Telephone #: _____

Institution: _____ Email Address _____

Address: _____

Date of Injury : _____ Date of Re-occurrence : _____

3. I hereby certify that the above information is complete and accurate:

_____ _____ _____

Athlete Signature Name (please print) Date

_____

Parent Signature (if athlete is a minor)

4. The JAAA Medical Commission will need to make contact with the treating physician (M.D. or D.O.):

Current Treating Physician	Specialty	Date Assessment Completed

Physician Office Address and Phone: _____

_____

Physician Signature	Today's Date

Required Materials to be submitted with the Application Form:

_____ Complete Assessment/Notes/Diagnosis

_____ Medications(s) and dosage

_____ Blood pressure and pulse readings and comments

_____ History of treatment (previous/ongoing)

Personal Coach Name	Personal Coach Signature

Send this form to:

Jamaica Athletics Administrative Association,

Attn: Medical Commission
6 Tremaine Road, Kingston 6, Jamaica

All 4 areas of this form must be completed before the request can be considered by the JAAA.

FOR OFFICIAL USE ONLY — DO NOT WRITE IN THIS SPACE

☐ **Granted**

☐ **Denied**. The request does not meet criteria established.

JAAA Medical Commissioner	Date