



MEDICAL CERTIFICATE REQUEST FORM

This form must be completed and attached to the Medical Certificate when seeking accreditation for games missed through injury or illness.

It is also required when submitting a medical to **clear** a player to play.

_____ (CLUB) support the attached Medical
Certificate, stating that _____ (PLAYERS NAME)
will be _____ to play Junior Domestic Basketball from _____ to

Credit is requested for games missed for the following team/s.
(EG. G14.1 B Grade, B16.3 CR Grade etc.)

Important points to note on managing medical clearances:

1. If a player plays a game while still within the period defined on the medical certificate, then he or she will be declared to be an ineligible player and the game will be forfeited.
2. If the player wishes to commence prior to the end date of the medical certificate, then they will require a further medical certificate or letter from their doctor advising they are now able to play.

Similarly, if the medical certificate does not have a defined end date then the player will require a further medical certificate or a letter from their doctor clearing them to play. In both instances, they must lodge the medical prior to their taking the court or those games played will be deemed a forfeit.

3. All Medical Certificate/s and Medical Certificate Request Form/s must be scanned through to the following email address: junior.domestic.medicals@knoxbasketball.com.au
4. You must make the player inactive in the team/s for the period covered by the medical certificate.

Club Secretary: _____

Signature: _____ Date: _____