



Medical Doctor Under-Aged Player Clearance FORM

Provincial Rugby Union: _____

Rugby Club (*where applicable*): _____

Medical Doctor's details:

(Full names)

Medical Doctor's Health Professions Council of South Africa (or HPCSA) Number:

MD- _____

Player Details:

(Full names of involved player)

Player's Date of Birth or ID number: _____

Player's on-field position applied for: _____

Tick the Box below indicating the Level(s) of clearance applied for:

- Club U20 (*only when applicable* – must be referred to Provincial Rugby Union)
- Elite U20 (provincial or national level – must be referred to SARU)
- Elite Senior Rugby (provincial or national level – must be referred to SARU)

I, the Medical Doctor stipulated above, fully understand the risks associated with this player participating in the level indicated above (*Rugby Activities*). I fully understand that the Rugby Activities involve risks and dangers of serious bodily injury, including permanent bodily injuries. These risks may be caused by the player's own actions, or inactions, the actions or inactions of others participating in the Rugby Activities.



As a qualified Medical Doctor, I have medically assessed the player above, in terms of his/her health and medical status with their intention to play in the on-field position and Level(s) stipulated above.

Based on this clinical assessment, the player, in all areas, has been found to be healthy and medically fit to safely participate at the Level(s) applied for, and in the position stipulated.

In my professional opinion as a Medical Doctor, the player is medically fit and at no more risk of serious or catastrophic concussion, head, and neck or spine injury or catastrophic cardiac event than any other eligible player at this/these level(s).

Medical Doctor's Signature

Date Signed