

MEDICAL CERTIFICATE

NAME OF PLAYER _____

COUNTY _____

ADDRESS _____

CAPPED/UNCAPPED _____ AGE _____

Date of injury or commencement of illness _____

Details and nature of injury or illness _____

Date Player first seen _____

Dates and nature of treatment or surgery _____

The Player was unavailable for selection for any County team by reason of accident/illness as from:

Was the Player previously suffering from any pre-existing disease, infirmity or deformity?

The Player was available for selection for any County team as from:

Signature of County Medical Officer _____

Address _____

Date _____

Qualification _____

Confirmation by County Secretary

Signature _____

Date _____

**Please return the completed form to:
Jason Ratcliffe
Professional Cricketers'
Association
5 Utopia Village
7 Chalcot Road
Primrose Hill
London
NW1 8LH**