



MEDICAL REPORT FORM

Medical Form Ref. No.:

Date:

Medical Report Form (Help Tips):

- Please complete the details below of this page.
- The Doctor's Medical Certificate must be completed by your child's Medical Doctor and Please ask the Doctor to sign the form and send it to us.
- MEDICINE – for the safety and wellbeing of your child, please do not send any medicine to school, except those detailed on this form which prescribed by the child's Medical Doctor.
- If you have queries about this form, please feel free to contact us @ info@flint.fitness / +965 – 2226 3147

Child's Personal Information (To be filled by Parents):

Full Name (Child):

Home Address:

Gender:

(Tick ☒ option)

Male: ☐

Female: ☐

DOB:

Age:

Nationality:

Emergency Contact:

(*Parents Name)

Mobile #:

Email:

Child's Medical Certificate / Report (To be filled by the Doctor):

Date of visit:

Time of Visit:

Clinic Name:

Address:

General Health Information: (List any health problems and physical limitations.) Be as specific as possible (attach medical reports if necessary).

Is the child medically (physically & mentally) fit to join in our fitness program? ☐ Yes / ☐ No (Tick ☒ option)

If No, please specify Reason:

Doctor's Information:

Full Name:

Mobile #:

Doctor Signature with Stamp:

Hospital / Clinic Stamp:

For (FLINT SPORTS MANAGEMENT) OFFICE USE ONLY

Report received & Verified by:

Signature & Date:

Business Address: Flint Sports Academy, Kuwait Argan - Al Tawan Street, Al Bida'a, Kuwait City, 25000

Contact Numbers: (C): +965 2226 3147 | (E): info@flint.fitness | (W) www.flint.fitness