



Consent Form

for disclosure and use of confidential health data

I, the undersigned player: _____
(Player's name)

hereby permit _____,
(Doctor's name and clinic, if applicable)

who performed my health check on _____ at _____,
(Date) (Place)

to disclose information about the results of the health check to, and discuss the results with, the following individuals:

1. _____
(Name) (Title) (Club)

2. _____
(Name) (Title) (Club)

3. _____
(Name) (Title) (Club)

The purpose of the disclosure is to provide the above individuals from the club with the basis for deciding whether to offer the player a contract.

By their signature below, each of the above individuals declare in accordance with the applicable rules of confidentiality and privacy concerning health data that they will keep the data received confidential and not disclose them to any third parties.

1. Date and signature: _____

2. Date and signature: _____

3. Date and signature: _____

The above-mentioned doctor is also permitted to disclose and discuss the results of the health check with other health professionals.

This consent expires one year after the date of the player's signature.

Signatures:

(Date)

(Date)

(Player)

(Doctor)

(Parent/guardian (If the Player is under 18 years of age))

