Medical Certificate - Hospital Transfer Form

(Please use this form for any insurance claim to IMSSA – see process below)

I, the undersigned, Dr……, UWW Official Medical Delegate / Competition Head Doctor, certify that:

First Name: …… **Last name:** ……

Nationality: …… **Date of birth:** ……

Requires a transport by ambulance and his/her admittance to hospital,

Name of hospital:……

Due to an injury /illness (please describe injury/illness and estimated duration of treatment)

……

……

……

Name and place of competition……

Doctor signature…… Date (DD/MM/YYYY)……

Stamp (Dr)…… Athlete/other person signature……

PROCESS - PLEASE HAND OVER THIS FORM TO THE INSURED PERSON !

In case of an accident or illness, the insured person or his/her National Federation must:

1. Immediately inform UWW and send a copy of the passport of the injured Wrestler to: licensing@uww.org
2. Fill in an online insurance claim on IMSSA website within 48 hours:
   - log in on IMSSA website https://imssa.ch/Home/En
   - enter the following username: UWW
   - enter the following password: **22AYCA094011**
   - follow the instructions
   - The present form signed by the Competition Doctor must be uploaded

FOR MINOR INJURIES, THE COSTS ARE DUE IMMEDIATELY/IN CASH TO THE HOSPITAL. NATIONAL FEDERATIONS WILL BE REIMBURSED BY IMSSA (PROVIDED THE ABOVE ONLINE CLAIM HAS BEEN DULY COMPLETED).

FOR SEVERE INJURIES/ILLNESS REQUIRING SURGICAL OR SPECIAL TREATMENT, PLEASE CALL +41 26 921 80 01 AS ARRANGEMENTS WILL BE MADE IMSSA DIRECTLY WITH THE HOSPITAL.

For more information, please contact IMSSA: info@imssa.org