**GB Freestyle Mitigating Circumstances Certificate Medical (MCC1)**

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| Diagnosis/Condition and Brief description: |
| Is the impact of this on the patients athletic performance work likely to be:  Minimal  Moderate  Severe    Did you see the patient at the time of the injury/illness:  Yes  No |
| Name , Signature and Regulatory Number of Medical Practitioner Completing this form:  Name:  Signature:  Date:  Practice Stamp: |