



# 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 (description of injury/illness).....

.....

.....

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: [info@uww.org](mailto:info@uww.org)
2. Fill in an online insurance claim on IMSSA website within 48 hours:
  - log in on IMSSA website <https://www.imssa-sos.com/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](mailto:info@imssa.org)