

One Time Team Doctor Registration

PERSONAL DATA

PHOTO13.05.2026

Gender	Female
Title	None
Last Name	
First Name	
Date of Birth	01/01/0001
Nationality	
Email Address	
Mobile Phone	
Federation	

INFORMATION ON GRADUATE

Medical School

Year of Graduation 0

Specialisation / area of practice

Source of Registration

License Number

I certify that I am registered or license to practice

Current Role with the National Team 0

I will practice in accordance with:

- The medical rules published in the World Rowing Rule Book
- The IOC Olympic Movement Medical Guidelines
- The World Anti-Doping Code
- I have read the Privacy Policy and accept these

I certify that all information given is true and exact.