

**Application for the area of “Medical Service” (Doctors)  
within the framework of the IAAF World Championships in Athletics  
in Berlin, August 15-23, 2009**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place of Residence: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Qualification: Doctor of: \_\_\_\_\_

Assistant Doctor of: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

License to practice medicine received on: \_\_\_\_\_

Teams, for which you provided medical attention (summary) over the past three years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is verification possible:      yes  no

Events, for which you have provided medical attention over the past three years:

\_\_\_\_\_



