



# 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: .....

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.....

Stamp.....

## PROCESS

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@unitedworldwrestling.org](mailto:info@unitedworldwrestling.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, ARRANGEMENTS WILL BE MADE IMSSA WITH THE HOSPITAL.