## APPENDIX 4 BUCS MEDICAL EXEMPTION PRO FORMA

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**MUST BE ATHLETIC UNION (OR EQUIVALENT) AUTHORISED AND VERIFIED**

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## *This document should be read and completed in conjunction with BUCS REG 11.1.4 (Medical Exemptions’).*

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| --- | --- |
| **Name of Institution/Playing Entity** |  |
| **Name of Player** |  |
| **Sport** (E.g. Rugby Union) |  |
| **Team Playing For** (E.g. BUCS Men’s 2) |  |
| **League Tier of Team Playing For** (E.g. South Eastern 2A) |   |
| **Team Normally Playing For** (E.g. BUCS Men’s 1) |  |
| **Tier of Team Normally Playing For** (E.g. South 1) |   |
| **Date and Time of Fixture** |  |
| **Length of Absence** (Number of fixtures missed for the team the player would normally represent as a result of the injury for which a medical exemption is being requested) |  |
| **Medical Professional Conducting Treatment** (Name and profession. Said professional must be prepared to verify that it is upon their advice that the individual is required to re-enter competition in a gradual manner if requested.) |  |
| **Number of Medical Exemptions Granted Previously This Season for Named Player** |  |
| **Athletic Union (or equivalent) Authorisation** *The Individual signing this form hereby declares all of the details provided to be true and accurate; that the individual named is returning to competition following a period of absence due to injury; and that they have been advised by a medical professional to re-enter competition gradually.* |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

***PLEASE SEE OVERLEAF FOR PERTINENT REGULATIONS/KEY POINTS TO REMEMBER***

***REG 11.1.4 Medical exemptions***

***REG 11.1.4.1****Individuals returning from injury who have established normality for a team may be authorised to be fielded (including as an unused substitute) for a lower ranked team by their Athletic Union (or equivalent) for league fixtures only.*

***REG 11.1.4.2****A medical exemption form, completed and verified by an Athletic Union (or equivalent) representative prior to the fixture, must be presented at the league fixture in question when team sheets are being verified and must be retained and available upon request until the official BUCS season close each year. The date of the BUCS season close will be the first day of BUCS Conference each year. For a copy of a medical exemption form, please see Appendix 4 (‘BUCS Medical Exemption Pro Forma’).*

***REG 11.1.4.3****Exemptions only apply to one league fixture in a lower ranked team while returning to fitness.*

***REG 11.1.4.4****An individual may only be granted a medical exemption if they are returning following a period of absence from competition, they cannot take part in successive fixtures. I.e. they must have been unable to take part in a fixture due to injury prior to the medical exemption being required.*

***REG 11.1.4.5****Medical exemptions may only be applied if the return from injury is being overseen by an acceptable medical professional.*

***REG 11.1.4.6****Playing Entities are advised that BUCS may request a formal letter from said medical professional(s) to verify the validity of the exemption. In doing so no confidential details will be required. Named medical professionals must therefore be prepared to confirm validity of the exemption.*

***REG 11.1.4.7****The named individual must be prepared to permit the treating medical professional identified on the medical exemption form to verify that they are:*

* *Treating the individual, and;*
* *It is upon their medical advice the individual is acting.*

***REG 11.1.4.8****Where an individual requires an extended period to return to fitness, within a season, their Athletic Union (or equivalent) can apply to the BUCS Executive for clearance. Such an application must be made before the individual in question participates in any further fixtures. An extended period is anything beyond one fixture.*

***REG 11.1.4.9****Medical exemptions are not permitted for knockout competition or playoff fixtures.*