



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

MEDICAL FORM

Country Code	WAKO National Federation/Association Name	Passport / Identity Card No:

AD Number	Family Name	Given Name	Middle Name	Nationality/Citizenship

Event / Weight category	Pulse (min)	Blood Pressure (mmHg)	

Skin exam:	Infection		
	Dermatologic disorders		
	lesions		
Head and Face:	Any bruises, scars, swellings or tenderness		
Eyes	Pupils, Right	Pupil left	
	Distance vision: Right	Distance vision: Right	
Ears	Hearing Right	Hearing Left	
Throat:			
Nose:			
Teeth	(summary of dental examination)		
Neck:	Is it freely movable and without pain? Evaluation of lymphatic glands & thyroid		
Chest:	Any deformities		
Lungs:			
Heart	Rhythm		
	Clinical exam:		
Extremities	With special attention to the hands:		
	Bones		
	Joints skin		
	Nails		
Lung exam			
Neurological examination			
Locomotor System	Any scars, tenderness, swellings, muscular atrophy, restrictions or laxity of joints, any deformities of the back or restriction of spinal mobility?		
Nervous System			
Genitalia	Absent or undescended testicle, hydrocele, varicocele, inguinal or femoral hernia?		
Conclusion	Fit/not fit compete		

DECLARATION: "I, the undersigned, declare on my honour that I am eligible and fulfil the Conditions stipulated by the Rules of WAKO."

SIGNATURE and STAMP OF DOCTOR
SPECIALITY:

_____ SIGNATURE AND SEAL OF PRESIDENT OR SECRETARY GENERAL OF WAKO NATIONAL FEDERATION/ASSOCIATION	_____ (DD/MM/YY) DATE
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This form must be typed and must be received by WAKO no later than _____



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WAKO MEDICAL GUIDLINE

If there are no serious health damages it is enough that the medical doctor validate the medical examination conclusion

Medical examination:	
Date:	
Doctor's signature and stamp	

Medical examination:	
Date:	
Doctor's signature and stamp	