



# WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

## MEDICAL FORM

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

<b>AD Number</b>	<b>Family Name</b>	<b>Given Name</b>	<b>Middle Name</b>	<b>Nationality/Citizenship</b>

<b>Event / Weight category</b>	<b>Pulse (min)</b>	<b>Blood Pressure (mmHg)</b>	

<b>Skin exam:</b>	Infection		
	Dermatologic disorders		
	lesions		
<b>Head and Face:</b>	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)		
<b>Neck:</b>	Is it freely movable and without pain? Evaluation of lymphatic glands & thyroid		
<b>Chest:</b>	Any deformities		
Lungs:			
Heart	Rhythm		
	Clinical exam:		
<b>Extremities</b>	With special attention to the hands:		
	Bones		
	Joints skin		
	Nails		
<b>Lung exam</b>			
<b>Neurological examination</b>			
<b>Locomotor System</b>	Any scars, tenderness, swellings, muscular atrophy, restrictions or laxity of joints, any deformities of the back or restriction of spinal mobility?		
<b>Nervous System</b>			
<b>Genitalia</b>	Absent or undescended testicle, hydrocele, varicocele, inguinal or femoral hernia?		
<b>Conclusion</b>	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

<b>Medical examination:</b>	
<b>Date:</b>	
<b>Doctor's signature and stamp</b>	

<b>Medical examination:</b>	
<b>Date:</b>	
<b>Doctor's signature and stamp</b>	