



# WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

# **MEDICAL FORM**

Country Code	WAKO National Federation/Association Name				☐ Passport / ☐ Identity Card No:	
AD Number Family		ily Name	Given Name N		le Name	Nationality/Citizenship
Event / V	Veight cate	gory	Pulse (min) Blood Pressur		e (mmHg)	
Skin exam:		Infection Dermatologic disorders				
		lesions				
Head and Face:		Any bruises, scars, swellings or tenderness				
	Eyes	Pupils, Right			Comea Left	
F		Distance vision: Right			Distance vision: Right	
Ears Throat:		Hearing Right Hearing Left			Hearing Left	
	Nose:					
	Teeth	(summary of dental examination)				
Neck:		Is it freely movable and without pain? Evaluation of lymphatic glands & thyroid				
Chest:		Any deformitie	S			
Lungs:						
	Heart	Rhythm Size				
Extremities		With special attention to the hands:				
		Bones				
		Joints skin				
Luna e avana		nails				
Lung exam Neurological						
examination						
Locomotor System		Any scars, tenderness, swellings, muscular atrophy, restrictions or laxity of joints, any deformities of the back of restriction of spinal mobility?				
Nervous System		Any tremors of eyelids, tongue or outstretched fingers?				
Genitalia		Absent or undescended testical, hydrocele, varicocele, inguinal or femoral heria?				
DECLARATION: "I, th	ne undersigned	, declare on my honor	that I am eligible and fulfill t	he Conditions stipula	ted by the Rules of V	VAKO."
SIGNATURE OF DOCTOR						
SIGNATURE AND SEAL PRESIDENT OR SECRETARY GENERAL OF NOC		(DE	D/MM/YY) TE		R SECRETARY GENE	(DD/MM/YY) ERAL DATE ON/ASSOCIATION
		This form must be	typed and must be received	d by WAKO no lat	er than	

WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS
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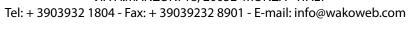
# WAKO MEDICAL GUIDLINE

### PRE-COMPETITION MEDICAL EXAMINIATION BY WAKO NATIONAL FEDERATION/ASSOCIATION

- 1. Each WAKO National Federation/Association is responsible for health of his competitors.
- 2. Competitors must have the official consent of Doctor of medicine affiliated to NOC: fit to fight. The athletes participating in Kickboxing sports, should provide a medical certitication signed by authorized Doctor of medicine affiliated to their country NOC (counter signed by NOC), in which it is stated that prior to leaving his/her country the athlete was in good physical condition and not suffering from any injury, infection or disability label to affect his/her capacity to compete in Kickboxing competition.
- 3. The authorized Doctor of medicine affiliated to NOC, among all other examination must proceed the following examines:
- Skin exam: infection, dermatologic disorders, lesions,
- Head and face: eyes, nose, ears. Special attention to recent trauma! (Summary of Dental examination)
- Extremities, with special attention to the hands: bones, joints skin and nails
- Heart examination (very important!) in consent with the Lausanne Recommendation of the IOC to prevent Sudden Death in Athletes. (For more information visit website of the IOC)
- Lung exam. (Bronchitis, pneumonia): (these are contraindication for all kind of competition)
- Exam. Of abdomen and genitalia (in male): with the special attention to testicle!
- Neurological examination: facial nerve, index-nose, Romberg etc.

If one of theses examines is positive, the athlete is not allow to compete and can not be declared fit to fight.

- 4. All necessary examination described above and any other additional examination and all results need to be registered by Doctors of medicine affiliated to NOC conducting the examination and keep in written documents attached to the WAKO passport.
- 5. In addition every contestant must have medical examination from the place set by WAKO and must have medical examination and weigh-in before each day of the competition.



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