



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

MEDICAL FORM

Country Code	WAKO National Federation/Association Name	<input type="checkbox"/> Passport / <input type="checkbox"/> 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	Comea 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	
		Size	
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 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, the undersigned, declare on my honor that I am eligible and fulfill the Conditions stipulated by the Rules of WAKO."

SIGNATURE OF DOCTOR

_____ SIGNATURE AND SEAL PRESIDENT OR SECRETARY GENERAL OF NOC	_____ (DD/MM/YY) DATE
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_____ 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

PRE-COMPETITION MEDICAL EXAMINATION 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 certification 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.