

THE ITALIAN TRADITIONAL KUNG FU UNION PRESENTS

THE 7TH WORLD KUO SHU CHAMPIONSHIP TOURNAMENT

2ND WORLD KUO SHU YOUTH CHAMPIONSHIP



XXI OPEN INTERNATIONAL DRAGON CUP

PRE-BOUT MEDICAL QUESTIONNAIRE FOR ALL FIGHTER IN FULL CONTACT COMPETITIONS IN ITALY (MALE AND FEMALE)

Questions for the fighter

Surname and name			
Date and place of birth			
Nationality			
Amateur		Pro	
Club			
Weight (Kg)			
Date of last bout		Verdict	
		(Yes/No)	
Have you suffered from any of the following complaints?			
1. Headaches			
2. Dizziness			
3. Nausea or vomiting			
4. Double or blurred vision			
5. Fainting and/or lost of consciousness			
6. Convulsions /Seizures			
Have you taken any medication, drug, supplements within the last 90 days?			
If yes, which kind?			
Have you had illnesses or injures over latest 120 days			
If yes which ones?			
Fighter's signature			

Questions for the Coach/ Technician/ Accompanying Official			
Surname and name			
Date and place of birth			
Nationality			
Club			
		(Yes/No)	
Have you noticed any changes in your fighter regarding the following?			
1. Attention or concentration			
2. Memory			
3. Speech			
4. Behaviour			
5. Sparring (Speed)			
If yes what kind?			
Coach's signature			
Date			
Signature and Stamp of Visiting Medical Doctor			