

HEALTH RECORD

Name

Date of Birth.....

Address.....

Country

Important medical conditions/disabilities (e.g. Epilepsy, Diabetes, Asthma)

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Medical Treatment, drugs, special diet

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Allergies, Sensitivities

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I hereby declare that the above named person is in reasonably fit health to compete at the WKC World Karate & Kickboxing Commission Championships in Orlando, Florida, USA, November 8th – 13th, 2015.

Doctor's Signature.....

Doctor's Stamp

Date.....