

HEALTH RECORD

Name

Date of Birth.....

Address.....

Country

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

.....

.....

Medical Treatment, drugs, special diet

.....

.....

.....

Allergies, Sensitivities

.....

.....

I hereby declare that the above-named person is in reasonably fit health to compete at the **WKC World Championships in Niagara Falls, USA - October 25-31, 2025.**

.

Doctor's Signature.....

Doctor's Stamp

Date.....