

HEALTH RECORD 2026

Full Competitor Name: _____

Date of Birth (mm/dd/yyyy): _____

Address: _____

Country: _____

Important Medical Conditions/Disabilities (e.g. Epilepsy, Diabetes, Asthma):

Medical Treatment, Medications, Special Diet:

Allergies, Sensitivities:

I hereby declare that the above-named person is reasonably fit and healthy to compete at the WKC World Championships in Chiclana, Cádiz, Spain — October 24–30, 2026.

Doctor's Signature: _____

Doctor's Stamp:

Date: _____