

31st Traditional Karate European Championship

7 – 8 December 2013, Prague (Czech Republic)

MEDICAL RELEASE FORM

NAME: _____

COUNTRY: _____

SEX: MALE ____ FEMALE ____

AGE: ____

PARTICIPATION CATEGORY:

____ Individual Kumite

____ Ko Go Kumite

____ Team Kumite

____ Fuku-go

____ Individual Kata

____ Synchronized Kata

____ En-Bu (M/M or M/W)

MY HEALTH HISTORY IS AS FOLLOWS:

- | | |
|---|---|
| 1. Extreme Heart Murmur ____ | 11. Allergies Including Drug Allergies ____ |
| 2. Severe Hypertension ____ | 12. Bleeding Disorders ____ |
| 3. Recent Infection ____ | 13. Syncope of Different Origin ____ |
| 4. Bone Fracture within Past 6 Months ____ | 14. Joint Injury ____ |
| 5. Concussion or Severe Head Trauma within Past Year ____ | 15. Spinal Injury ____ |
| 6. Seizures ____ | 16. Neck Injury ____ |
| 7. Eye Injury ____ | 17. Facial Injury ____ |
| 8. Nose Injury ____ | 18. Ear Injury ____ |
| 9. Severe Bone Bruise Requiring Padding ____ | 19. Hepatitis of Different Origin ____ |
| 10. Kidney Injury ____ | 20. Sexually Transmitted Diseases ____ |
| | 21. Currently Taking Medication or Treatment ____ |

NOTE:

If you answered „YES“ to any of the above, you will be required to check in with the Tournament Medical Committee for approval before competing in the tournament.

If my medical history is not as stated above, I will take all responsibility and release all tournament and organization officials from any and all liabilities.

Athlete's Signature

Coach's Signature

Date

FOR OFFICIAL USE ONLY

____ APPROVED FOR COMPETITION

____ NOT APPROVED FOR COMPETITION

NOTE:

Approved with Exception or Restriction: _____

Signature of Chief Medical Judge

Date

!!! This form must be handed to the Organizing Committee at the registration at the Tournament Office !!!