



WKC M.O.D. SPORT KARATE CHAMPIONSHIPS

Request must be signed by the competitor or their parent/guardian if the competitor is under the age of 18, and submitted by the registration deadline.

M.O.D. SPORT MARTIAL ARTS CHAMPIONSHIPS COMPETITION MEDICAL DECLARATION REPORT

To be completed by all competitors and made available to the sanction representative prior to the competition.

NAME: _____

Date of Birth: _____ **Age:** _____ **Male** _____ **Female** _____

Mailing Address _____ **Postal Code** _____

Club: _____

Name of Competition: _____

Date of Competition: _____

- | | | |
|---|-----|----|
| 1. Have you any disease of the eyes? | Yes | No |
| 2. Do you have hearing loss? | Yes | No |
| 3. Do you have fainting spells, blackouts or epilepsy? | Yes | No |
| 4. Have you had a recent head injury? | Yes | No |
| 5. Do you have any active lung infection including TB? | Yes | No |
| 6. Do you have bronchial asthma? | Yes | No |
| 7. Do you have an active kidney disease, infection or failure? | Yes | No |
| 8. Do you have any loss (part/all) of a limb? | Yes | No |
| 9. Do you have a decreased movement in any limb, joint or spine? | Yes | No |
| 10. Do you have any muscle or joint disease? | Yes | No |
| 11. Do you have diabetes? | Yes | No |
| 12. Do you have any heart disease or high blood pressure? | Yes | No |
| 13. Are you taking any medications? | Yes | No |
| 14. Have you had any recent operations, fractures or major illness? | Yes | No |
| 15. Do you have any disease or disability, not mentioned above? | Yes | No |

If answer was "YES" to any of the above questions, give details:

I hereby declare that I have read the above information and that, to the best of my knowledge, it is complete and correct.

Date

Competitor's signature (if under 18 parent/guardian)