

# World Kickboxing Association - New Zealand

## MEDICAL CLEARANCE - Required for Amateur Fights

Name

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D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address:

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Phone: A.H. \_\_\_\_\_ B.H. \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Have you previously or do you currently suffer from.....

	Yes	No		Yes	No
Fainting			Heart disease/ condition		
Deafness			Asthma		
Concussion			Sight problems		
Diabetes			Joint injury/disability		
Fractures or breaks			High/low blood pressure		
Epilepsy			Any other injury/disorder		

Detailed explanation if you ticked yes to any of the above:

**Examination:**

**Weight (kgs):**

**Height (cms):**

**Pulse:**

**Blood pressure:**

**Examination: Mark 'N' for Normal, 'A' for Abnormal**

Head		Lungs		Visual field		Upper extremities	
Gait		Ears		Eye movement		Lower extremities	
Heart		Hearing		Abdomen		Posture (standing)	
Joints		Neck/ Spine		Vascular system		Muscle & Sensory Reflex	

**EXAMINER'S COMMENTS**

I, (doctors name) \_\_\_\_\_  
have examined (participants name) \_\_\_\_\_  
on this day and found them medically fit to participate in a Kickboxing/ Boxing/ Martial  
Arts contest.

**Doctors Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Signature of Examining Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Serology for HIV, Hep A, B & C (Dr. to tick which box applies)**

- Bloods taken on this day
- Serology results obtained less than six months ago (results available)

**RELEASE OF INFORMATION**

I, (participants name) \_\_\_\_\_ authorise the release of  
all information contained in this report to the World Kickboxing  
Association - New Zealand and its Officers

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_