#

# **MEDICAL CERTIFICATE (SAMPLE)**

1. **ATHLETE INFORMATION**

|  |  |
| --- | --- |
| Surname: | Photo |
| Given Name(s): |
| Country: | Postal Code: |
| Passport No.:  |
| Tel. No.: | Email: |
| Address: |
| Discipline: □ Sanda \_\_\_\_\_kg □ Taolu |

**2. QUESTIONS FOR ATHELETE** (Attach relevant documents if you answered ‘yes’ to any of the following)

|  |  |
| --- | --- |
| Is a doctor currently treating you? |  |
| Have you ever been unconscious or had a concussion? |  |
| Have you been hit hard in the head in the last 6 months? |  |
| Have you had any headache in the last 2 weeks? |  |
| Do you have any problems with bleeding? |  |
| Do any diseases run in your family? |  |
| Have you had any surgery? |  |
| Have you ever had to stay in a hospital? |  |
| Do you have any medical condition? |  |

**3. MEDICAL DOCTOR INFORMATION**

|  |  |
| --- | --- |
| Surname: | Given Name(s): |
| Tel. No.: | Address: |

**4. MEDICAL EXAMINATION**

|  |  |
| --- | --- |
| Item | Abnormalities |
| Head | Cranial nerves, eyes, pupil size and reactivity. Fundi. Vision by chart. | Normal | Abnormal |  |
| Mouth, teeth, throat | Normal | Abnormal |  |
| Ears | Normal | Abnormal |  |
| Temporomandibular joint | Normal | Abnormal |  |
| Brain Examination: electroencephalogram (EEG) Test (sanda athletes only) | Normal | Abnormal |  |
| Neck | Cervical spine, lymph nods | Normal | Abnormal |  |
| Chest | Breath sounds, rib, tenderness on compression | Normal | Abnormal |  |
| Neurological System | Reflexes | Normal | Abnormal |  |
| Verbal responses | Normal | Abnormal |  |
| Motor responses and balance | Normal | Abnormal |  |
| Cardiovascular System | Heart rate | Normal | Abnormal |  |
| Blood pressure | Normal | Abnormal |  |
| Heart examination: electrocardiogram (ECG) Test | Normal | Abnormal |  |
| Medications Used | Name and dosage | Yes | No |  |

**5. DOCTOR CONFIRMATION**

|  |  |
| --- | --- |
| I confirm that the Athlete is□ fit/ □ NOT fitto participate in the competition.  | Signature:Place/Date: |

**6. NATIONAL FEDERATION CONFIRMATION**

I confirm that the above information provided is true and correct.

|  |
| --- |
| National Federation: |
| Name of Representative: |
| Title of Representative: |
| Signature: | Date: |