

Health information for (name):

Age: _____ years Sex: Male Female

Weight: _____, _____ Kg

Do you use visual correction?

No Yes glasses Yes contact lenses



Do you take any medicine for - (if yes, write medicine, doses, etc. on the back of this paper)

Diabetes?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Allergy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Asthma?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Epilepsy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Cardio-vascular disorders	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you use any other medication?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Have you been unconscious before? No Yes date: _____

Do you suffer from any present or previous injuries ?

No Yes Which _____

Do you feel in good health? Yes No

Other relevant health information: _____

If you are female:

Pregnant/signs of pregnancy? No Yes = PARTICIPATION NOT ALLOWED

Your information are not registred and are used for Kyokushin Nordic Challenge only.

Supportive and protective bandage is not allowed in the first fight. All bandages must be authorized before use by one of the official doctors. Participation in Kyokushin Nordic Challenge is at the fighters own risk.

I accept the statements above and declare my information are correct.

Date: _____ Fighters Signature: _____