

KYOKUSHIN CUP 2020 THE ALL UK OPEN KARATE TOURNAMENT

MEDICAL QUESTIONNAIRE FORM

This form is mandatory for all competitors. Incomplete forms will not be accepted.

Competitor's Name: _____ Date of Birth: _____ Gender: _____

1. Do you have fainting spells, blackouts or epilepsy?	Yes	No
2. Do you have an active lung infection (including Tuberculosis)?	Yes	No
3. Do you suffer from Asthma?	Yes	No
4. Do you have kidney disease, infection or failure?	Yes	No
5. Do you have a loss of all or part of a limb?	Yes	No
6. Have you had any fractures or orthopaedic surgery (last 6 months)? If yes, please _____	Yes	No
7. Have you had a head injury (concussion) within the last 6 months? If yes, please _____	Yes	No
8. Do you have heart disease or high blood pressure?	Yes	No
9. Do you have any health issues not mentioned above? If yes, please _____ _____	Yes	No

10. MEDICATIONS; list if applicable: _____

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

Signature of Competitor _____ Date _____

Printed Name Parent/Guardian if under 18 _____

Signature of Parent/Guardian _____ Date _____