

MEDICAL EXAMINATION REPORT Part A – to be completed by all Kumite and Team Kata competitors

Name: _____ Date of Birth: _____ Age: _____ Male/Female

Address: _____

Club Affiliation _____ Rank: _____

Category 1

- | | |
|--|----------|
| 1. Have you had a head injury within the past year? | Yes / No |
| 2. Do you have fainting spells, blackouts or epilepsy? | Yes / No |
| 3. Do you have any active lung infection including TB? | Yes / No |
| 4. Do you have an active kidney disease, infection or failure? | Yes / No |
| 5. Do you have hepatitis, AIDS/HIV or any other blood borne disease? | Yes / No |
| 6. Have you had any recent operations, fractures or major illness? | Yes / No |

Category 2

- | | |
|--|---|
| 1. Do you have any disease or disability not mentioned above? | Yes / No |
| 2. Do you have a hearing loss? | Yes / No |
| 3. Do you have bronchial asthma? List treatment below. | Yes / No |
| 4. Do you have any heart disease or high blood pressure? | Yes / No |
| 5. Do you have any loss of all or part of a limb? | Yes / No |
| 6. Do you have decreased movement in any limb, joint or spine? | Yes / No |
| 7. Do you have any muscle or joint disease? | Yes / No |
| 8. Do you have diabetes? | Yes / No |
| 9. Are you taking any medication? | Yes / No, If <u>yes</u> list here _____ |
| 10. Do you have allergies to any medications? | Yes / No, If <u>yes</u> list here _____ |
| 11. Have you any disease of the eyes? | Yes / No |

If you answered "Yes" to any of the Category 1 questions above, give details and obtain medical clearance from your physician to compete. (Information provided not confidential)

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 (Parent/Guardian if under 19 years of age)

MEDICAL EXAMINATION REPORT Part B – to be completed by examining physician

Name: _____

Weight: _____ Did you weigh? Yes/No

Height: _____ Did you measure? Yes/No

Pertinent Medical History:

	Normal	Abnormal	Details of Positive Findings
1. Eyes (lids conjunctiva, cornea, pupils, fundi)			
2. Ears (auditory canals, tympanic membranes, patency of Eustachian tubes)			
3. Nose, throat (airway, speech impediment, tonsils, etc)			
4. Nervous system (Concussion sequelae; Tendon reflexes, tremors, gait)			
5. Respiratory system (Thorax, lung fields)			
6. Cardiovascular system (Heart size, rhythm, sounds, murmurs: peripheral circulation and varicosities)			
7. Gastro-intestinal system (abdominal scars, enlarged organs or hernia, hemorrhoids)			
8. Genito-urinary system (Varicocele, hydrocele, particularly with hernia)			
9. Locomotor system (amputations, deformities, restriction of movement of limbs or spine)			
10. Lymphatic system and thyroid			
11. Skin (including evidence of allergy)			
12. Blood pressure readings:	1st	Additional	
	s. _____	_____	
	d. _____	_____	
13. Pulse: _____			

VISUAL EXAMINATION

	a) Distant Vision		b) Near Vision	
Right Eye	/	corrected to /	/	corrected to /
Left Eye	/	corrected to /	/	corrected to /
Both Eyes	/	corrected to /	/	corrected to /

Examining physician's opinion:

The Karate student named above is medically _____ fit / _____ unfit to participate in competitive free sparring or Team Kata Bunkai.

Examining physician's name and address (use rubber stamp if available)

 Physician's Signature

 Date

Contra-Indications to Athletic Participation in Sports

Contact Sports: Karate, Football, Wrestling, Basketball, Baseball, Soccer, Rugby, Lacrosse, Boxing, Hockey, Judo

	<i>Absolute Contra-indications</i>	<i>Relative Contra-indications</i>
Neurological	<ol style="list-style-type: none"> 1. Concussion symptoms post head trauma during tournament - out of tournament 2. Two episodes of concussion symptoms post head trauma in last 12 months – out for one calendar year from last episode. 3. Three episodes of concussion symptoms post head trauma in the athlete's lifetime - out of contact sports 	<ol style="list-style-type: none"> 1. Epilepsy (convulsions) if well controlled - no seizure one year – participation permitted 2. A major convulsion after head injury without evidence of epilepsy – this is in concussion category; i.e. two convulsions – out for a predetermined amount of time
Eye	<ol style="list-style-type: none"> 1. Blindness in one eye 2. Recent intraocular operation 3. Presence of intraocular lens 	<ol style="list-style-type: none"> 1. Retinal detachment – ophthalmological consultation mandatory 2. Active eye infection, eg. conjunctivis 3. Defective lid closure 4. Corneal anesthesia
Respiratory	<ol style="list-style-type: none"> 1. Any active lung infection including TB 	<ol style="list-style-type: none"> 1. Bronchial asthma – participate to tolerance
Cardio-vascular	<ol style="list-style-type: none"> 1. Abnormal enlargement of the heart 2. Heart murmurs recognized as <ol style="list-style-type: none"> a) Mitral stenosis b) Aortic stenosis 3. Infection in the heart 	<ol style="list-style-type: none"> 1. Resting blood pressure over 140 systolic and 90 diastolic (high blood pressure) – investigate before participation
Endocrine		<ol style="list-style-type: none"> 1. Diabetes if poorly controlled
Abdomen	<ol style="list-style-type: none"> 1. Partially descended testis in position subject to injury 2. Any enlarged major abdominal organ (liver, spleen, kidney) 	<ol style="list-style-type: none"> 1. Inguinal hernia (rupture)
Genital Urinary System	<ol style="list-style-type: none"> 1. One kidney missing or seriously damaged 2. Active kidney infection 	<ol style="list-style-type: none"> 1. One testicle missing
Musculo Skeletal	<ol style="list-style-type: none"> 1. Incomplete healing of wrist fracture 2. Arthritis in the back (vertebrae column) 3. Active hip disease 	<ol style="list-style-type: none"> 1. Instability of knees 2. Recurrent shoulder dislocation 3. Osgood Schlatters if pain present on Movement 4. Amputees
Hematological	<ol style="list-style-type: none"> 1. Coagulation defects 	
Skin		<ol style="list-style-type: none"> 1. Active bacterial infection 2. Active herpes simplex (cold sores) 3. Severe cystic acne

Take this reference to physician if completion of Medical Examination Report is required.