

International Wushu Federation (IWUF) Medical Certificate



1. ATHLETE INFORMATION

Surname: _____	Given Names: _____	 Photo
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (dd/mm/yyyy): _____	
City: _____	Postcode: _____	
Country: _____	Passport Nr.: _____	
Tel: _____	Email: _____	
Address: _____		
Discipline: <input type="checkbox"/> Sanda ____ kg <input type="checkbox"/> Taolu National Federation: _____		

2. QUESTIONS FOR ATHELETE (*Attach relevant documents if you answered yes*)

1. Is a doctor currently treating you for anything?	_____
2. Have you ever been unconscious or had a concussion?	_____
3. Have you been hit hard in the head in the last 6 months?	_____
4. Have you had any headache in the last 2 weeks?	_____
5. Do you have any problems with bleeding?	_____
6. Do any diseases run in your family?	_____
7. Have you had any surgery?	_____
8. Have you ever had to stay in a hospital?	_____
9. Do you have any medical condition?	_____

3. MEDICAL DOCTOR INFORMATION

Surname: _____	Given Names: _____
Title/Position: _____	Tel: _____
Address: _____	
Comments: _____	

4. MEDICAL EXAMINATION

MEDICAL				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 nodes	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	
Cardio Vascular 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'S CONFIRMATION

I confirm that the Athlete is **Fit** / **NOT Fit** to participate the competition

Signature:		Place/Date:	
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6. NATIONAL FEDERATION'S CONFIRMATION

I confirm that the information given above is true.

National Federation:			
Name of the Official:		Title:	
Signature:		Place / Date:	