

**HEALTH RECORD**

Name .....

Date of Birth.....

Address.....

Country .....

Important medical conditions/disabilities (e.g. Epilepsy, Diabetes, Asthma)

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.....

Medical Treatment, drugs, special diet

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Allergies, Sensitivities

.....  
.....

I hereby declare that the above named person is in reasonably fit health to compete at the WKC World Karate & Kickboxing Commission Championships in Orlando, Florida, USA, November 4<sup>th</sup> – 11<sup>th</sup>, 2017.

Doctor's Signature.....

Doctor's Stamp

Date.....