



HEALTH RECORD

WKC WORLD CHAMPIONSHIPS 2021

COMPETITOR NAME: _____

DOB: _____

ADDRESS: _____

COUNTRY: _____

IMPORTANT MEDICAL CONDITIONS/DISABILITIES: _____

MEDICAL TREATMENTS (i.e. medicines, special diet): _____

ALLERGIES/SENSITIVITIES: _____

I hereby declare that the above-named person is in reasonably fit health to compete at the WKC World Championships in Orlando, Florida October 23rd – October 29th

DOCTOR SIGNATURE: _____

DOCTOR CONTACT INFO: _____

DATE: _____