



HEALTH RECORD

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 Niagara Falls, New York from November 2nd – 8th, 2019.

DOCTOR SIGNATURE: _____

DOCTOR CONTACT INFO: _____

DATE: _____