

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

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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*, taking place: October 21 – 27, 2023.

Doctor's Signature.....

Doctor's Stamp

Date.....