

INTERNATIONAL SHINKYOKUSHIN TOURNAMENT FOR MAN AND WOMEN
„MADARSKI KONNIK”
SHUMEN, BULGARIA, 28th of April 2012

HEALTH INFORMATION FORM

for fighters only

Name:??Sex:?☐ MALE ☐ FEMALE??Surname:??Age:??Country:??Weight:??kg??Club:????

Do you use visual correction? No ☐ Yes ☐ glasses Yes ☐ contact lenses

Do you take any medicine for - (if yes, write medicine, doses, etc. on the back of this paper)

Diabetes? No ☐ Yes ☐

Allergy? No ☐ Yes ☐

Asthma? No ☐ Yes ☐

Epilepsy? No ☐ Yes ☐

Cardio-vascular disorders? No ☐ Yes ☐

Do you use any other medication? No ☐ Yes ☐

Have you been unconscious before? No ☐ Yes ☐ When _____

Do you suffer from any present or previous injuries? No ☐ Yes ☐ Which _____

Do you feel in good health? No ☐ Yes ☐

Other relevant health information:

If you are female:

Pregnant/signs of pregnancy? No ☐ Yes ☐ = PARTICIPATION NOT ALLOWED

Incorrect or missing statements may cause rejection of your participation in „MADARSKI KONNIK” tournament. Participation in the tournament is at the fighters own risk.

I accept the statements above and declare my information to be correct.

Date: _____ Fighters signature: _____

The personal information on this form will not be registered and will be used only for the „MADARSKI KONNIK” international tournament.