



# WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

## MEDICAL FORM

<b>Country Code</b>	<b>WAKO National Federation/Association Name</b>	<b>Passport / <input type="checkbox"/> Identity Card No:</b>

<b>AD Number</b>	<b>Family Name</b>	<b>Given Name</b>	<b>Middle Name</b>	<b>Nationality/Citizenship</b>

<b>Event / Weight category</b>	<b>Pulse (min)</b>	<b>Blood Pressure (mmHg)</b>	

<b>Skin exam:</b>	Infection		
	Dermatologic disorders		
	lesions		
<b>Head and Face:</b>	Any bruises, scars, swellings or tenderness		
Eyes	Pupils, Right	Comea Left	
	Distance vision: Right	Distance vision: Right	
Ears	Hearing Right	Hearing Left	
Throat:			
Nose:			
Teeth	(summary of dental examination)		
<b>Neck:</b>	Is it freely movable and without pain? Evaluation of lymphatic glands & thyroid		
<b>Chest:</b>	Any deformities		
Lungs:			
Heart	Rhythm		
	Size		
<b>Extremities</b>	With special attention to the hands:		
	Bones		
	Joints skin		
	nails		
<b>Lung exam</b>			
<b>Neurological examination</b>			
<b>Locomotor System</b>	Any scars, tenderness, swellings, muscular atrophy, restrictions or laxity of joints, any deformities of the back or restriction of spinal mobility?		
<b>Nervous System</b>	Any tremors of eyelids, tongue or outstretched fingers?		
<b>Genitalia</b>	Absent or undescended testical, hydrocele, varicocele, inguinal or femoral heria?		

**DECLARATION:** "I, the undersigned, declare on my honor that I am eligible and fulfil the Conditions stipulated by the Rules of WAKO."

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## SIGNATURE OF DOCTOR

\_\_\_\_\_  
SIGNATURE AND SEAL (DD/MM/YY)  
PRESIDENT OR SECRETARY  
DATE  
GENERAL OF NOC

\_\_\_\_\_  
SIGNATURE AND SEAL OF (DD/MM/YY)  
PRESIDENT OR SECRETARY GENERAL  
DATE OF WAKO  
NATIONAL FEDERATION/ASSOCIATION

This form must be typed and must be received by WAKO no later than \_\_\_\_\_

WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

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## **WAKO MEDICAL GUIDLINE**

### **PRE-COMPETITION MEDICAL EXAMINATION BY WAKO NATIONAL FEDERATION/ASSOCIATION**

1. Each WAKO National Federation/Association is responsible for health of his competitors.
2. Competitors must have the official consent of Doctor of medicine affiliated to NOC: fit to fight. The athletes participating in Kickboxing sports, should provide a medical certification signed by authorized Doctor of medicine affiliated to their country NOC (counter signed by NOC), in which it is stated that prior to leaving his/her country the athlete was in good physical condition and not suffering from any injury, infection or disability label to affect his/her capacity to compete in Kickboxing competition.
3. The authorized Doctor of medicine affiliated to NOC, among all other examination must proceed the following examines:
  - Skin exam: infection, dermatologic disorders, lesions,
  - Head and face: eyes, nose, ears. Special attention to recent trauma! (Summary of Dental examination)
  - Extremities, with special attention to the hands: bones , joints skin and nails
  - Heart examination (very important!) in consent with the Lausanne Recommendation of the IOC to prevent Sudden Death in Athletes. (For more information visit website of the IOC)
  - Lung exam. (Bronchitis, pneumonia): (these are contraindication for all kind of competition)
  - Exam. Of abdomen and genitalia (in male): with the special attention to testicle!
  - Neurological examination: facial nerve, index-nose, Romberg etc.

If one of these examines is positive, the athlete is not allow to compete and can not be declared fit to fight.

4. All necessary examination described above and any other additional examination and all results need to be registered by Doctors of medicine affiliated to NOC conducting the examination and keep in written documents attached to the WAKO passport.
5. In addition every contestant must have medical examination from the place set by WAKO and must have medical examination and weigh-in before each day of the competition.

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