

MEDICAL CLEARANCE

The competitor _____ after occurrence of the

KO / TKO / RSCH / INJURY suffered on _____
Make a circle *Date of KO / TKO / RSCH / injury*

in the kickboxing competition _____
Competition name and place

Has undergone the following medical and instrumental assessment(s) - mark with ✓ the proper / requested medical assessment(s) and write the date when has / have been done:

MRI/CT scan of the brain made on _____
Date of examination

Ophthalmological assessment made on _____
Date of examination

ENT assessment made on _____
Date of examination

Orthopaedic assessment made on _____
Date of examination

Other assessment(s) – write which one(s) and the date of examination:

Date of examination

Date of examination

After reviewing the results of the below assessments and following my medical examination, there are **NO CONTRAINDICATIONS** to resume competitive kickboxing.

Place and date of issuance of clearance

*Doctor's name, surname, signature
and stamp with registration number*