

WAKO MEDICAL QUESTIONNAIRE

**This document refers to the period after the issuance of the last Medical Certificate
(which cannot be older than 1 year)**

Event: _____

Please read the below information carefully, complete the requested information, date and sign under your name. This form must be completed and returned to a Medical Control official during on-site registration.

Name: _____ **Sports ID:** _____

DOB: _____ **Country:** _____ **E mail address:** _____

Weight Class: _____ **kg** **Style:** _____

	Yes	No
Do you compete in other combat sports? In affirmative case, report date and result of your last fight.		
Did you have any illnesses earlier?		
Were you born with any of your body parts missing?		
Have you been treated in hospital?		
Do you take any medicine on a regular basis?		
Do you take any dietary supplements or similar?		
Have you ever fainted during or after training?		
Have you ever had any chest pain?		
Have you ever had high blood pressure?		
Have you ever had any skin diseases?		
Do you have any dermatological complaints at the moment?		
Do you suffer from asthma?		
Do you have any problems related to your bones, joints, tendons, or muscles?		
Have you had a skull injury accompanied by a loss of consciousness?		
Did you have headache in the past 10 days?		
If you wear dental braces, you confirm that you have a customized mouthguard <u>approved by your dentist / orthodontist</u> and you are not competing against their advice		
Are you often on a diet?		
FOR FEMALE COMPETITOR 14 YEARS AND OLDER: I declare I am not pregnant		

Please give further details on answers with "Yes": _____

I understand the seriousness of these statements and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or health damage during the competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against WAKO (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Federation), the doctors in charge of the competition and the Competition Venue owners for such injury or damage.

I officially declare that I am fully responsible for my answers given above. I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

Date _____ **Signature:** _____

For a kickboxer under the age of 18 signature of Parent or Legal Guardian: _____
Parent's or Legal Guardian's signature