

EKO Health information

The following form comprises of two sections. Section 1 is a declaration of general health information and has to be filled out by the fighter. Section 2 is a guideline for a 'fit for match' medical evaluation which has to be filled out by the fighter's doctor.

Section 1. General health information

Name of tournament:		Year:	
Surname:	Given name:		
Address:			
City:	Country:	Postal code:	
Tel:	E-mail		
(with international code)			
Age:years	Sex: Male□ Female□	Weight:,Kg	
Do you use visual correction?	$\mathbf{No}\square$	Yes□ glasses Yes□ contact lenses	
Do you suffer from any diseas	es?		
Diabetes?	$\mathbf{No}\square$	$\mathrm{Yes}\square$	
Allergies?	$\mathbf{No}\square$	$\mathrm{Yes}\square$	
Asthma?	$\mathbf{No}\square$	$\mathrm{Yes}\square$	
Epilepsy?	$\mathbf{No}\square$	Yes□	
Cardio-vascular disorders	$No\square$	$\mathrm{Yes}\square$	
Other diseases? Write here:			



Do you use any medication?	$\mathrm{No}\square$	Yes□ (Fill in the fe	orm below):
Medication (generic name)	Dose	Route	Frequency
1.			
2.			
3.			
4.			
Exemption) from your country antid EKO Doping Committee, within 30 It is each fighter's personal duty to e responsible for any Prohibited Substit If you use medicine, it is your responsant your coach is familiar with the unit of the control of th	days before the tournan ensure that no Prohibite tance or its Metabolites nsibility that your coach use of your medicine.	nent. ed Substance, enters his or h or Markers found to be pres	er body. Fighters are sent in a doping test.
Have you had a concussion?	No □ Yes□ D	ate of last occasion:	
	Do you h	ave any remaining	
	symptom	s?	
Do you suffer from any preser	nt or previous injurie	es?	
	No \square	Yes□	
	What inju	uries and symptoms?	
Do you feel in good health?	$\mathrm{Yes}\square$	$No\square$	
Other relevant health informat	ion:		



If you are female: Are you pregnant? $No\square$ $Yes \square = PARTICIPATION NOT ALLOWED$ Incorrect or missing statements may cause rejection of your participation in the tournament. Your information will not be registered and is only used for the current tournament Supportive and protective bandage is not allowed in the first fight. All bandages must be authorized before use by one of the official doctors. First you must show your injury to the tournament doctor, then you and your coach apply the bandages. When bandages are applied, the tournament doctor approves your bandage with a stamp or signature. Participation is at the fighter's own risk. I, as a participant in the tournament, hereby declare as follows: 1. I confirm that I shall comply with and be bound by all of the provisions of the EKO Anti-Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards as issued by the World Anti-Doping Agency and permanently published on its website. 2. I acknowledge that EKO have jurisdiction to impose sanctions as provided in the EKO Anti-Doping Rules. **3.** I have read and understand the present declaration. I accept the statements above and declare my information is correct.

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Signature

Print Name (Last Name, First Name)

(If minor, signature of legal guardian)

Date

Date of Birth (Day/Month/Year)



Section 2. Fit for match medical evaluation.

This form is a guideline for the fit for match medical evaluation. If the performing physician feels to add additional tests he is free to do so. A copy of the complete form must be kept by the physician and one by the fighter. A copy of the signature page must be submitted to the tournament doctor.

	check up
Date	
Length	
Weight	
Blood pressure	
Heart	
Lungs	
Injury to wrists, hands, eyebrows, face, ears or nose?	
Knock out or concussion within the last 3 months?	
General impression	



Other remarks	
Name data and store	Date and outerraph
Name, date and stamp physician	Date and autograph fighter

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