

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 himself. 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: _____ Postcode: _____

Tel: _____ E-mail _____
(with international code)

Age: _____ years Sex: Male Female Weight: _____, _____ Kg

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

Du you suffer from any diseases?

Diabetes?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Allergy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Asthma?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Epilepsy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Cardio-vascular disorders	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Other diseases? Write here :

If you are female:

Pregnant/signs of pregnancy?

No

Yes = PARTICIPATION NOT ALLOWED

Incorrect or missing statements may cause rejection of your participation in the tournament. Your information shall 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 damage to the tournament doctor. Then you and your coach do the bandages. Then the tournament doctor approves your bandage with a stamp or signature.

Participation is at the fighters 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.

Date

Print Name (Last Name, First Name)

Date of Birth (Day/Month/Year)

Signature (or, if
minor,
signature of
legal guardian)

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.

	1st check up	2nd check up	3rd check up	4th check up
Date				
Length				
Weight				
Fatpercentage				
General impression (Injury to wrist, hands, eyebrow, face, ears and nose; posture)				
Nose: clearance				
Septum				
rhinosc. anter.				
Oren: outer hearcanal				
Tympanic membrane				
Thorax: inspection				
Movement				
Pressure pain?				
Cor: auscultation				
Pulse				
Bloodpressure				
Pulmones: borders				
percussion				
Auscultation				
Abdomen: inspection				
Auscultation				
Percussion				
Palpation				
Hepar				
Lien				
Vertebrae				
Eyes: pupilreaction, size left-right				
Neurological:				
Gnostic sensibility				
Bicepsreflex				
Tricepsreflex				
Knee reflex				
Achilles ten reflex				
Babinsky reflex				
Romberg				
top-nose test				
Knee-heel test				
Mouth: tonsills				
phar. Arch				
teeth				
Urine: alb.				
ery.				

Other remarks

	Name, date and stamp physician I	Date and autograph fighter
	II	
	III	
	IV	

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