**WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS**

**MEDICAL FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country Code | | | WAKO National Federation/Association Name | ■ Passport / □ Identity Card No: |
| **U** | **K** | **R** | **National federation of kickboxing of Ukraine WAKO** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AD Number | Family Name | Given Name | Middle Name | Nationality/Citizenship |
|  |  |  |  | **Ukraine** |

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| --- | --- | --- | --- |
| Event / Weight category | Pulse (min)  Пульс (мин) | Blood Pressure (mmHg)  Кровяное давление |  |
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| --- | --- | --- |
| Skin exam: | Infection (Инфекции) | |
| (Исследования кожи) | Dermatologic disorders (дерм.расстройства) | |
|  | Lesions (поражения) | |
| Head and Face: | Any bruises, scars, swellings or tenderness (Шрамы и дефекты) | |
| (Голова и лицо) |  | |
| Eyes (окулист) | Pupils, Right | Comea Left |
|  | Distance vision: Right | Distance vision: Left |
| Ears (уши) | Hearing Right | Hearing Left |
| Throat: (горло) |  | |
| Nose: (нос) |  | |
| Teeth (стоматолог) |  | |
| Neck: (Шея) | Is it freely movable and without pain? Evaluation of lymphatic glands & thyroid | |
|  | (Двигается ли свободно без боли? Увеличены ли лимфатические узлы?) | |
|  |  | |
| Chest: (Грудная клетка) | Any deformities (деформации?) | |
| Lungs: (легкие) |  | |
| Heart (сердце) | Rhythm (ритм) | |
|  | Size (размер) | |
| Extremities (конечности) | With special attention to the hands: (особое внимание на руки) | |
|  | Bones (кости) | |
|  | Joints skin (кожа на суставах) | |
|  | Nails (ногти) | |
| Lung exam (исследование легких) |  | |
| Neurological  examination (неврологические исследования) |  | |
| Locomotor System (опорно-двигат. аппарат) | Any scars, tenderness, swellings, muscular atrophy, restrictions or laxity of joints, any deformities of the back of restriction of spinal mobility?  (Любые шрамы, чувствительность, опухоли, мышечная атрофия, ограниченность или вялость суставов, любые деформации спины или ограничения спинальной мобильности?) | |
| Nervous System (нервная система) | Any tremors of eyelids, tongue or outstretched fingers? (Любые нервные тики) | |
|  |  | |
| Genitalia (половые органы) | Absent or undescended testical, hydrocele, varicocele, inguinal or femoral heria?  ( ) | |
|  |  | |

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

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SIGNATURE OF DOCTOR (подпись врача)

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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_"\_\_\_\_\_\_\_\_\_  SIGNATURE AND SEAL OF (DD/MM/YY)  PRESIDENT OR SECRETARY DATE  GENERAL OF NOK | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_"\_\_\_\_\_\_\_\_\_  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_