

ISKA MEDICAL FORM



PERSONAL INFORMATION

NAME

DOB

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

AGE

GENDER

Full Address

WEIGHT

MEDICAL HISTORY -

****PLEASE NOTE **** Athletes over the age of 16 years must attach an original copy of their serological results for HIV, HEPATITIS B AND HEPATITIS C. Results must be dated within 6 months of competition. Athletes who are ONLY participating in the Wai Kru event are exempt from supplying the above serology documentation.

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS? (If yes to any of the following please provide details)

	Y	N		Y	N		Y	N
Asthma/ Bronchitis:	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure:	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition:	<input type="checkbox"/>	<input type="checkbox"/>	Impaired Vision:	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness:	<input type="checkbox"/>	<input type="checkbox"/>
Chest Trauma:	<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment:	<input type="checkbox"/>	<input type="checkbox"/>	Cataracts:	<input type="checkbox"/>	<input type="checkbox"/>
Open/ sutured wound:	<input type="checkbox"/>	<input type="checkbox"/>	Balance Problems:	<input type="checkbox"/>	<input type="checkbox"/>	Hernia:	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding/ blood disorder:	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/ Seizures:	<input type="checkbox"/>	<input type="checkbox"/>	Fainting:	<input type="checkbox"/>	<input type="checkbox"/>
Chronic or Acute Disease:	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Neck Pain:	<input type="checkbox"/>	<input type="checkbox"/>	HIV:	<input type="checkbox"/>	<input type="checkbox"/>
Headaches/ Migraines:	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Back Pain:	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis:	<input type="checkbox"/>	<input type="checkbox"/>
High Temperature:	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness:	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy:	<input type="checkbox"/>	<input type="checkbox"/>

- 1) Have you received any treatment/ surgical procedures in the last six months that may affect your ability to compete?
- 2) Do you have any other current/previous medical conditions that may effect your ability to compete?
- 3) Are you currently Taking any medication?
- 4) Have you had a fight that ended in KO in the last 3 months?
- 5) Do you normally wear glasses or contact lenses?
- 6) Have you ever had back/ Spinal Surgery?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other/Comments

ISKA MEDICAL FORM



MEDICAL DECLARATION -

FIRST NAME

LAST NAME

MEDICAL HISTORY STATEMENT

I confirm that I have provided accurate and truthful information in this medical history questionnaire to the best of my knowledge. I am willing to answer any further questions from ISKA representatives, including athletic trainers, medical professionals, consultants, coaches, or coordinators, regarding my medical history and any current or past conditions.

Additionally, I declare that I am not affected by any undisclosed disabilities, injuries, medical conditions, or complaints. I acknowledge the importance of providing ISKA with complete and accurate details about my physical health, both past and present.

Athlete Signature

Date

Parent/Guardian Signature if under 18 years

Parent Guardian Name

Date

PRACTITIONER APPROVAL - To be completed by your General practitioner.

****PLEASE NOTE **** Athletes over the age of 16 years must attach an original copy of their serological results for HIV, HEPATITIS B AND HEPATITIS C. Results must be dated within 6 months of competition. Athletes who are ONLY participating in the Wai Kru event are exempt from supplying the above serology documentation.

N= Normal A= Abnormal

	N	A		N	A		N	A		N	A
Head	<input type="checkbox"/>	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Visual Fields	<input type="checkbox"/>	<input type="checkbox"/>	Face	<input type="checkbox"/>	<input type="checkbox"/>	Gums	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	Feet	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Spine	<input type="checkbox"/>	<input type="checkbox"/>
Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>	Nervous System	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Hydration	<input type="checkbox"/>	<input type="checkbox"/>
									Heart Rate	<input type="checkbox"/>	<input type="checkbox"/>
Weight (kg) at time of medical	<input type="text"/>		Maximum weight for competition +10%	<input type="text"/>		Minimum weight for competition -10%	<input type="text"/>				

Comments _____

MEDICAL DOCTOR EVALUATION & APPROVAL: The applicant's medical suitability for participating in contact ring sport, has been assessed through a physical examination and, if necessary (at the attending physician's discretion), through radiological and laboratory tests. The athlete's medical declaration has been reviewed with them, and I confirm my agreement.

This is to certify that the above athlete is in good physical condition, and free from any injury, illness or disease that may effect the ability of the athlete to compete in any combat sport.

ISKA MEDICAL FORM



NON PREGNANCY DECLARATION- FEMALE ATHLETE

FIRST NAME

LAST NAME

I hereby declare that I am not pregnant and understand the seriousness of this statement, accepting full responsibility for its accuracy. In the event this declaration is later found to be inaccurate or false, and I suffer any related injury or damage during the Event, I, on behalf of my heirs, executors, and administrators, waive and release any and all claims for damages against ISKA (including its officials and employees), the Event organizers (including the Local Organizing Committee and/or the Host Federation), and the Competition Venue owners for such injury or damage.

If the participant is under 18 years of age, this declaration must be signed by a parent or legal guardian who assumes full responsibility for the accuracy of this statement.

Athlete Signature

Date

Parent/Guardian Signature if under 18 years

Parent Guardian Name

Date

HYDRATION/WEIGHT CUTTING DECLARATION

IMPORTANT NOTICE TO ATHLETE/GUARDIAN/COACH

ISKA acknowledges that weight cutting through dehydration, including the loss of water and essential minerals, can pose serious and potentially life-threatening risks, even for amateur and young athletes. ISKA promotes weight management through fat loss, NOT through water loss. We strongly encourage all athletes, guardians, coaches, and stakeholders to prioritize the health and safety of athletes by following safe and responsible weight management practices.

DECLARATION

I, _____ understand the risks associated with weight cutting through dehydration and acknowledge ISKA's position against such practices. I take full responsibility for managing my weight safely and commit to using appropriate methods of weight control that prioritize my health and well-being.

If I fail to adhere to these guidelines and experience any related injury or harm during the Event, I, on behalf of my heirs, executors, and administrators, waive and release any claims for damages against ISKA (including its officials and employees), the Event organizers (including the Local Organizing Committee and/or the Host Federation), and the Competition Venue owners for any such injury or harm.

If the participant is under 18 years of age, this declaration must also be signed by a parent or legal guardian who assumes full responsibility for the athlete's safety and compliance.

Athlete Signature

Date

Parent/Guardian Signature
if under 18 years

Parent Guardian Name

Date