

**MEDICAL RELEASE**

|  |  |
| --- | --- |
| **Name:** |  |
| **Country:** |  |
| **Sex:** |  |
| **Age:** |  |
| **Age Category:** |  |
| **PARTICIPATING**  **CATEGORY:** |  |

**MY PRESENT HEALTH HISTORY IS AS FOLLOWS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Extreme Heart Murmur | YES | NO |  | 12. Bleeding | YES | NO |
| 2. Severe hypertension | YES | NO |  | 13. Syncopes of Diff.origin | YES | NO |
| 3. Recent Infection | YES | NO |  | 14. Joint Injury | YES | NO |
| 4. Bone Fracture Within Past 6 Moth | YES | NO |  | 15. Disorders | YES | NO |
| 5. Concussion or severe Head Trauma | YES | NO |  | 16. Neck Injury | YES | NO |
| 6. Seizures | YES | NO |  | 17. Facial Injury | YES | NO |
| 7. Eye Injury | YES | NO |  | 18. Ear Injury | YES | NO |
| 8. Nose Injury | YES | NO |  | 19. Hepatitis of Diff.Origin | YES | NO |
| 9. Severe Bone Bruise Requiring padding | YES | NO |  | 20. Currently Taking Any Medication | YES | NO |
| 10. Kidney Injury | YES | NO |  | 21. Currently Taking Any Treatment | YES | NO |
| 11. Drug Allergies | YES | NO |

**I’M OFFICIALLY CONFIRMING THAT MY MEDICAL HISTORY IS REPRESENTED ABOVE, THEREFORE I’M TAKING FULL RESPONSIBILITY – AND HEREBY DISCHARGE TOURNAMENT OFFICIALS OF ALL LIABILITIES.**

**DATE: \_\_\_\_.\_\_\_\_.2015**

**APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coach Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REMARK:**

**IF YOU ANSWER IS “YES” TO ANY OF THE ABOVE, YOU ARE REQUIRED TO CHECK WITH THE TOURNAMENT MEDICAL COMMITTEE BEFORE STARTING COMPETITION.**

**(For official Use Only)**

**APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;**

**NOT APPROVED (for participation in this event):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_.2015 CHIEF MEDICAL JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**