



## COMPETITION DAY MEDICAL DECLARATION

TO BE COMPLETED BY THE ATHLETE OR GUARDIAN

The information contained in this medical history form will only be used by Muaythai Ontario and Muaythai Canada for purposes of determining if you pose a health threat/risk to yourself in the ring and to review your past medical history in the event of a new emergency or re-occurrence. This information will remain confidential at all times. Please complete this questionnaire with your physician. Print clearly in BLUE or BLACK ink only.

Athlete Information		If you do not understand any questions, please inform the Medical Doctor	
Athlete Name:		Date of Birth (DD/MM/YYYY):	
Club:		Competition Date:	Start Time:
Emergency Contact Name:	Contact Relation:	Competition Name:	
Contact Number:	Contact Email:	Competition Venue:	
	No	Yes	If Yes, Details
Are you currently taking any medications prohibited by the World Anti Doping Agency (WADA)?			
Have you ever tested positive with an anti-doping agency?			
Have you had a suspension by any anti-doping agency?			
Have you had any of the following symptoms lately?	No	Yes	If Yes, Details
Have you received a KO or RSCH in the last 12 months?			
Have you had a concussion in the last 12 months?			
Headaches			
Dizziness			
Nausea or vomiting			
Double or blurred vision			
Do you have any body piercings?			
Have you taken any medication within the last 3 months?			
Have you had close contact with any person who has Hepatitis or HIV within the last 12 months?			
Female Specific (Current pregnancy precludes competition)	No	Yes	If Yes, Details
Are you pregnant?			
Breast masses, bleeding, dysfunction			
Menstrual abnormality			

Athlete Name

Athlete Signature

Guardian/Coach Signature (If Under 18)

Date (DD/MM/YYYY)

## MEDICAL EXAMINATION

TO BE COMPLETED BY THE MEDICAL DOCTOR BEFORE WEIGH-IN

Checked	Notes
Blood Pressure	
Heart Rate	
Respiratory	
Abdomen	
Hands	
Facial bones	
Eye (funduscopy, visual acuity, visual fields)	
Ear canals & eardrums	
Oral cavity	

Medical Doctor Name

Medical Doctor Signature

License #

Date (DD/MM/YYYY)