

COMPETITION DAY MEDICAL

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 Name: Club: Competition Date: Competition Date: Competition Name: Contact Number: Contact Email: Competition Venue: Competition Venue: Competition Venue: Competition Venue: Competition Venue: 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 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? Have you had a concussion in the last 12 months? Have you had a concussion in the last 12 months? Have you had a concussion in the last 12 months? Have pour had concussion in the last 12 months? 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? 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 (urrent preparaty precludes competition) Are you pregnant? Athlete Name Athlete Signature Checked Notes Blood Pressure Heart Rate Respiratory Addomen Hands Facial bones Eye (funduscopic, visual aculty, visual fields) Ear canals & eardrums Oral cavity	Athlete Information	, , ,		If you do not understand any questions, please inform the Medical Doctor		
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