

## MEDICAL RELEASE FORM October 19th-22nd, 2022 Natal, RN. Brazil

## Witold Kwiecinski Cup & WTKF World Championship

NAME:
COUNTRY:
Gender: MALE FEMALE AGE:
PARTICIPATION CATEGORY:
Individual KumiteKo Go KumiteTeam KumiteFuku-goIndividual KataSynchronized KataEn-Bu (M/M or M/W)
MY HEALTH HISTORY IS AS FOLLOWS:
1. Extreme Heart Murmur
2. Severe Hypertension
3. Recent Infection
4. Bone Fracture within Past 6 Months
5. Concussion or Severe Head Trauma within Past Year
6. Seizures
7. Eye Injury
8. Nose Injury
9. Severe Bone Bruise Requiring Padding
10. Kidney Injury
11. Allergies Including Drug Allergies
12. Bleeding Disorders
13. Syncope of Different Origin
14. Joint Injury



15. Spinal Injury
16. Neck Injury
17. Facial Injury
18. Ear Injury
19. Hepatitis of Different Origin
20. Sexually Transmitted Diseases
21. Currently Taking Medication or Treatment
NOTE:
If you answered "YES" to any of the above, you will be required to check in with the Tournament Medical Committee for approval before competing in the tournament.
If my medical history is not as stated above, I will take all responsibility and release all tournament and organization officials from any and all liabilities.
<del></del>
Coach's Signature
Athlete's Signature
Date
FOR OFFICIAL USE ONLY NOT APPROVED FOR COMPETITION
APPROVED FOR COMPETITION NOTE:
Approved with Exception or Restriction:
Date !!! This form must be handed to the Organizing Committee at the registration at

the Tournament Office !!!