

KARATE MANITOBA

COMPETITION MEDICAL DECLARATION REPORT

To be completed by all competitors and made available to the Karate Manitoba representative prior to the competition.

NAME: _____

Date of Birth _____ Age: _____ Male _____ Female _____

Mailing Address _____ Postal Code _____

Club: _____

Name of Competition _____

Date of Competition _____

- | | | |
|---|-----|----|
| 1. Have you any disease of the eyes? | Yes | No |
| 2. Do you have hearing loss? | Yes | No |
| 3. Do you have fainting spells, blackouts or epilepsy? | Yes | No |
| 4. Have you had a recent head injury? | Yes | No |
| 5. Do you have any active lung infection including TB? | Yes | No |
| 6. Do you have bronchial asthma? | Yes | No |
| 7. Do you have an active kidney disease, infection or failure? | Yes | No |
| 8. Do you have any loss or all or part of a limb? | Yes | No |
| 9. Do you have a decreased movement in any limb, joint or spine? | Yes | No |
| 10. Do you have any muscle or joint disease? | Yes | No |
| 11. Do you have diabetes? | Yes | No |
| 12. Do you have any heart disease or high blood pressure? | Yes | No |
| 13. Are you taking any medications? | Yes | No |
| 14. Have you had any recent operations, fractures or major illness? | Yes | No |
| 15. Do you have any disease or disability, not mentioned above? | Yes | No |

If answer was "YES" to any of the above questions, give details:

I hereby declare that I have read the above information and that, to the best of my knowledge, it is complete and correct.

Date

Competitor's signature (if under 18 parent/guardian)