Medical Questionnaire

This Medical Questionnaire must be completed, signed, and submitted to the proper ISKF authority each year by any ISKF member wishing to compete in a karate tournament, take a Dan Examination, or participate in any ISKF event requiring this form.

1. You must have had a complete physical examination by a physician or a health care facility dated no longer than two years prior to the event in which you are expecting to participate.
2. This Medical Questionnaire will be reviewed by the ISKF event committee and will be kept confidential. Contents may be reviewed by your instructor and the tournament medical staff.

PLEASE PRINT OR TYPE

Name	*Last*			*First*	
Birthdate		*Age*	*Gender* ☐ F ☐ M	*Rank*	
Address			*City*	*State*	*Zip*
Instructor			*Club*	*Region*	
Family Doctor	*Physician name*			*Physician phone*	
Emergency Contact	*Name*		*Phone*	*Relationship to Competitor*	

Do you have a history of any of the following conditions? Please check all that apply to you:

NO	YES		IF YES, PLEASE EXPLAIN BELOW
☐	☐	Allergy to medication(s)? List all.	
☐	☐	Have you ever been told in the last two years that you could not participate in a sport? Explain why.	
☐	☐	Hypertension (high blood pressure)	
☐	☐	Heart murmur	
☐	☐	Recent infection	
☐	☐	Bone fracture in past 6 months	
☐	☐	Concussion or severe head injury in past 6–12 months	
☐	☐	Seizures	
☐	☐	Eye injury	
☐	☐	Severe bone bruises requiring padding	
☐	☐	Kidney injury	
☐	☐	Positive test for HIV	
☐	☐	Positive test for Hepatitis C	
☐	☐	Other surgeries/hospitalizations in the past 6–12 months. Explain.	
☐	☐	Are you currently taking any medications? List all.	

I attest that the above information is true and correct to the best of my knowledge. I further understand that this information is necessary to participate in ISKF events.

Last complete physical exam	*Date of exam*	*Name of Physician*	*Name of health care facility*

I give permission to the above-named physician and/or health care facility to release any and all information regarding my last complete physical exam to the ISKF National Committee for review, to medically qualify my participation in the karate competition on November 11–12, 2017.

Signatures

Competitor		*Date*
Parent or Guardian if competitor is under 18 years of age		*Date*
Instructor		*Date*
Coach		*Date*