

2012 IKF WORLD CLASSIC PRE-BOUT PHYSICAL FORM

- Event Date: July 20th, 21st & 22nd, 2012
- Event City: ORLANDO
- Event State: FLORIDA
- Event Country: USA

FIGHTERS FULL NAME _____

AGE: _____ **- DOB:** ____/____/____

FIGHTER: Please answer ALL of the following Questions Before your fighter physical check below

When Was Your Last Bout? ____/____/____ Result: _____	Ever been knocked unconscious? If Yes, Last Time? ____/____/____	Ever Had A Medical Suspension? If Yes, Last Time? ____/____/____
PLEASE CHECK YES or NO At Right To The Following Questions	YES	NO
Do you have medical insurance?	_____	_____
Any chronic medical conditions? (Diabetes, asthma, heart condition etc.)	_____	_____
If chronic medical conditions, Please Explain:	_____	_____
Ever had any surgery	_____	_____
If Had Surgery, Please Explain:	_____	_____
Ever been Hospitalized?	_____	_____
If Hospitalized, Please Explain:	_____	_____
Ever had a fracture or dislocation? If yes, when? ____/____/____	_____	_____
Ever had a sprain or strain requiring special equipment or braces? If yes, when? ____/____/____	_____	_____
Any vision problems?	_____	_____
Do you wear contact lenses?	_____	_____
Have you ever passed out while exercising? If yes, when? ____/____/____	_____	_____
Ever had chest pains while exercising? If yes, when? ____/____/____	_____	_____
Have you ever felt dizzy while exercising? If yes, when? ____/____/____	_____	_____
Ever had wheezing or coughing while exercising? If so, when? ____/____/____	_____	_____
Have you ever been told you have high blood pressure?	_____	_____
Ever feel your heart is skipping beats or have runs of irregular rhythm?	_____	_____
Have you ever been told you have a heart murmur?	_____	_____
Any family members die suddenly before the age of 50?	_____	_____
Do you have a congenital defect such as a single kidney, undescended testicle or cardiac defect?	_____	_____
Do you have any hernias, groin or abdominal?	_____	_____
Ever had a head injury or concussion? If yes, when? ____/____/____	_____	_____
Ever had pinched nerve or numbness or tingling in your arms, hands or feet?	_____	_____
Have you ever had a heat stroke? If yes, when? ____/____/____	_____	_____
Do you have any drug allergies? If yes, what:	_____	_____

Fighters Signature: _____ **Print Name:** _____ **Date:** ____/____/____

MEDICAL QUESTIONS: Doctor, Paramedic or Nurse Only Below This Line

Physical Check	RESULT	_____ WEIGHT _____ : _____ M TIME OF WEIGHT	Physical Check	RESULT
Fighters Pulse	_____		Fighters Heart	_____
Fighters Blood Pressure	_____		Fighters Lungs	_____
Fighters Hands	_____		Fighters Hernia/Abd.	_____
Fighters Eyes	_____		Physical Look	_____

D/P/N Signature: _____ **Print Name:** _____ **Date:** ____/____/____