



7th IFK World Championship 2025 Medical Certification

General health information

Name of tournament: _____ Year: _____

Surname: _____ Given name: _____

Date of Birth: _____

Address: _____

City: _____ Country: _____ Postcode: _____

Tel: _____ E-mail: _____

(with international code)

Age: _____ years Sex: Male Female

Weight: _____, _____ Kg Height: _____

Do you use visual correction? No Yes: glasses
Yes: contact lenses

Do you suffer from any diseases?

Diabetes?	No <input type="radio"/>	Yes <input type="radio"/>
Allergy?	No <input type="radio"/>	Yes <input type="radio"/>
Asthma?	No <input type="radio"/>	Yes <input type="radio"/>
Epilepsy?	No <input type="radio"/>	Yes <input type="radio"/>
Cardio-vascular disorders	No <input type="radio"/>	Yes <input type="radio"/>

Other diseases? Write here:

Do you take any medicine? No Yes : _____

Have you been unconscious before? No Yes date for the last time:

Do you suffer from any present or previous injuries?
No Yes Which _____

Do you feel in good health? Yes No

Other relevant health information: _____

If you are female:

Pregnant/signs of pregnancy? No Yes = PARTICIPATION NOT ALLOWED

RR: _____

HF: _____

sO₂: _____

I am assessed as fit for sport and able to participate in karate training and competitions.

date and place

signature