



MEDICAL DECLARATION FOR IFMA ATHLETES

The information contained in this medical history form will only be used by the International Federation of Muaythai Amateur for purposes of determining if you pose a health threat/risk to yourself in the ring and to review your past medical history in the event of a new emergency or re-occurrence. This information will remain confidential at all times. Please complete this questionnaire with your physician. Print clearly in BLUE or BLACK ink only.

PERSONAL INFORMATION									
LAST NAME:			FIRST NAME:				M.I.		
D.O.B.		AGE:		SEX:		NATIONALITY:			

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?								
CONDITION:	YES	NO	CONDITION:	YES	NO	CONDITION:	YES	NO
BLEEDING OR OTHER BLOOD DISORDER			EPILEPSY/SEIZURE			CATARACTS		
OPEN WOUND/SUTURED CUT			BLURRED VISION			DIABETES		
HIGH TEMPERATURE/PYREXIA			HEARING LOSS			FAINTING		
HEADACHES/MIGRAINES			BALANCE PROBLEMS			DIZZINESS		
HIGH BLOOD PRESSURE			ASTHMA/BRONCHITIS			HERNIA		
ANY HEART CONDITION			RECURRENT NECK PAIN			HIV		
CHEST TRAUMA/RIB FRACTURE			RECURRENT BACK PAIN			HEPATITIS		
CHRONIC OR ACUTE INFECTIOUS DISEASE			MENTAL ILLNESS			PREGNANCY		

- 1) ARE YOU OVER THE AGE OF 40? YES: NO:
- 2) HAVE YOU HAD A FIGHT THAT ENDED IN KO OR RSC-H IN THE PAST 6 MONTHS? YES: NO:
- 3) HAVE YOU EVER TESTED POSITIVE WITH WADA (WORLD ANTI-DOPING AGENCY)? YES: NO:
- 4) ARE YOU CURRENTLY TAKING ANY MEDICATION? YES: NO:
 *IF YES, PLEASE LIST ENSURE THAT YOU HAVE SUBMITTED A TUE FORM
- 5) HAVE YOU HAD ANY TYPE OF SURGERY IN THE PAST 6 MONTHS? YES: NO:
- 6) HAVE YOU NEEDED IN-PATIENT TREATMENT IN A HOSPITAL IN THE LAST 6 MONTHS? YES: NO:
- 7) HAVE YOU RECEIVED TREATMENT FOR A BONE FRACTURE, FISSURE OR DISLOCATION IN THE LAST 6 MONTHS? YES: NO:
- 8) DO YOU NORMALLY WEAR EYE GLASSES OR CONTACT LENSES? YES: NO:
- 9) HAVE YOU EVER HAD BACK OR SPINAL SURGERY? YES: NO:

PLEASE BE AWARE IF YOU ARE OVER 16 LABORATORY BLOOD TESTS RESULTS for HIV antibody & HBV (Hepatitis B Surface Antigen) & HCV (Hepatitis C Antibody) must be submitted with this form on the letterhead of the laboratory that administered the tests. The blood tests must be taken within 6 months prior to the date of competition.



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MEDICAL HISTORY STATEMENT

I have completed this medical history questionnaire and answered it truthfully and to the best of my knowledge. I am prepared to answer questions from the International Federation of Muaythai Amateur (including athletic trainers, nurses, consultants, coaches, and coordinators) and general practitioners concerning this medical history and medical conditions. I affirm also that I do not suffer from any disability, injury, condition, or complaint that I have not disclosed on this form. I further recognize the importance of fully and accurately disclosing my physical conditions, past and present, to International Federation of Muaythai Amateur.

ATHLETE SIGNATURE

____/____/_____
DATE

***To be signed by parent/guardian if the participant is under 18 years of age.**

Name of Parent/Guardian: _____

PARENT/GUARDIAN SIGNATURE

____/____/_____
DATE

MEDICAL DOCTOR EXAMINATION & APPROVAL:

The applicant's medical fitness for the contact ring sport of Muaythai has been evaluated by physical examination and, if required (at the discretion of the attending physician) by the use of radiology and laboratory facilities.

This is to certify thatis in good physical condition and not suffering from any injury, infection or disability liable to affect his capacity to box in the competitions of the full contact sport of Muaythai.

PHYSICIAN SIGNATURE

____/____/_____
DATE

CLINIC ADDRESS: _____

TEL: _____ EMAIL: _____



MEDICAL DECLARATION FOR IFMA ATHLETES

DECLARATION OF NON PREGNANCY

***THIS SECTION IS TO BE COMPLETED BY ALL FEMALE ATHLETES ONLY**

1. DECLARATION OF NON PREGNANCY FOR FEMALE ATHLETES AGED 18 (EIGHTEEN) AND OVER

PLACE

____/____/____
DATE

NAME OF EVENT: _____

I, _____, declare that I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the event that this declaration is subsequently shown to be inaccurate or false and I suffer from any related injury or damage during the Event, I on behalf of my heirs, executors and administrators, waive and release any and all claims for damages I may have against IFMA (including its officials and employees), the organisers of the Event (including the Local Organising Committee and/or the Host Federation) and the Competitions Venue owners for such injury or damage.

ATHLETE SIGNATURE

1. DECLARATION OF NON PREGNANCY FOR FEMALE ATHLETES AGED UNDER 18 (EIGHTEEN)

PLACE

____/____/____
DATE

NAME OF EVENT: _____

I, _____, am one of the parents/legal caretaker of _____
(insert name of athlete)

and declare, on her behalf that she is not pregnant.

I understand the seriousness of this statement and accept full responsibility for it in the event that this declaration is subsequently shown to be inaccurate or false and _____ suffers any related injury or damage during the Event, I on
(insert name of athlete)

Behalf of _____, her heirs executors and administrators, waive and release any and all claims for
(insert name of athlete)

Damages she may have against IFMA (including its officials and employees), the organisers of the Event (including the Local Organising Committee and/or the Host Federation) and the Competitions Venue owners for such injury or damage.

PARENT/GUARDIAN SIGNATURE