



# WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

## WAKO MEDICAL QUESTIONNAIRE SPORTS MEDICAL EXAMINATION

Event: \_\_\_\_\_

Please read the below information carefully, complete the requested information, date and sign under you name. This form must be completed and returned to a Medical Control official when registering.

Name: \_\_\_\_\_ Sports ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Country: \_\_\_\_\_ E mail address: \_\_\_\_\_

Weight Class: \_\_\_\_\_ kg Style: \_\_\_\_\_

|  | Yes | No |
|--|-----|----|
| Did you have any illnesses earlier?  |     |    |
| Were you born with any of your body parts missing?                             |     |    |
| Have you ever been treated in hospital?  |     |    |
| Do you take any medicine on a regular basis?                                   |     |    |
| Do you take any food complementary substances?                                 |     |    |
| Have you ever fainted during or after training?                                |     |    |
| Have you ever had any chest pain?  |     |    |
| Have you ever had high blood pressure?   |     |    |
| Have you ever had any skin diseases?   |     |    |
| Do you have any dermatological complaints at the moment?                       |     |    |
| Do you suffer from asthma?   |     |    |
| Do you have any problems related to your bones, joints, tendons, or muscles?   |     |    |
| Have you ever had a skull injury accompanied with a loss of consciousness?     |     |    |
| Did you have headache in the past 10 days?                                     |     |    |
| Do you have teeth braces? If yes please attach the Dental Brace certification! |     |    |
| Are you often on a diet  |     |    |

Please give further details on answers with "Yes": \_\_\_\_\_

I officially declare that I am fully responsible for my answers given above. I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

Date \_\_\_\_\_ Signature: \_\_\_\_\_

For a kickboxer under the age of 18 signature of Parent or Legal Guardian: \_\_\_\_\_

*Parent's or Legal Guardian's signature*

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