



# FEDERAZIONE ITALIANA KICKBOXING MUAY THAI SAVATE e SHOOT BOXE

## Pre-Match Declaration Form

Date and place of the competition: .....

Type of competition (ordinary, Championships) .....

### Medical History Declaration

**Athlete:** Surname.....Name.....

Date and place of Birth ..... Nationality.....

Membership N° ..... Association/Club.....

Date of last match: ..... Result.....

Date of last match in similar sport disciplines (boxing etc.) ..... Result.....

	Yes	No
<b>Have you ever had any of the following symptoms?</b>		
1. Headaches	<input type="checkbox"/>	<input type="checkbox"/>
2. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
3. Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
4. Double or blurry vision	<input type="checkbox"/>	<input type="checkbox"/>
5. Fainting or <u>loss of consciousness</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you taken drugs or supplements in the last 90 days?</b>		
• If so, which ones: .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you been ill or had <u>any</u> traumas in the last 120 days?</b>		
• If so, which ones? .....	<input type="checkbox"/>	<input type="checkbox"/>

Athlete's Signature or Legal Guardian: .....

In the case of minors, the Legal Guardian Mr./Ms. .... (along with a copy of Identification) attests that the information provided above is true and delegates the accompanying coach Mr./Ms. .... for any further correlated health & sanitary measures

**Signature** .....

**Date** .....

**Signature of visiting Medical Doctor pre-Match**

(Stamp and signature).....