



FEDERAZIONE ITALIANA KICKBOXING MUAY THAI SAVATE e SHOOT BOXE

Pre-bout examination for all women fighting in Italy

MINISTRY OF HEALTH'S DECREE 02/08/05

The undersigned (Surname and name)
born in (town, region & country of birth) on (date of birth)
.....

Engaged in the bout of (date of bout)
at (place of bout)

Declares to not have at the present moment:

- vaginal haemorrhage, different from menstruation;
- genito-urinary illnesses;
- recent surgery and/or injuries to the breast area;

Declares, moreover:

- to have undergone a pregnancy test, in an Analysis Laboratory within 14th days before the bout;
date of pregnancy test Result: (as the enclosed medical certificate).

Date

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)