

Athlete Information and Medical History		To be completed by Athlete or Guardian	
First Name:		Last Name:	
Date of Birth (MM/DD/YYYY):	Age:	Gender:	Country:

To Be Completed by the Medical Doctor at Examination

Please note that the following may preclude from Muaythai competition (1) Impaired Vision – worse eye less than 20/200 and better eye less than 20/120 (2) Squint (3) Recurrent Chronic Suppurative Otitis Media (4) Chest Expansion Less than 2" (5) Total Deafness (6) Albuminuria (7) Hernia, Organomegaly or Undescended Testis (8) Heart Lesions.

Weight:	Height:	Expiration:	Inspiration:
Left Eye Vision:	Right Eye Vision:	Colour Vision:	Field of Vision:
Pulse:	Blood Pressure #1:	Blood Pressure #2:	

Blood Work	Yes	No	Date of Test
Negative results for HIV			
Negative results for Hepatitis B			
Negative results for Hepatitis C			
General Health	Yes	No	If yes, explain
Vision: Abnormality of pupils?			
Mouth: Any disease of mouth or throat?			
Hands: Evidence of swelling or injury?			
Heart: Abnormality of ECG?			
Abdomen: Any abnormality?			
Evidence that athlete has been using alcohol?			
Evidence that of stimulant/substance abuse?			

I _____ certify that _____
 (Licensed Medical Physician's Name) (Athlete's name)
 Is Fit Is Not Fit
 To participate in competitions of the full contact sport of Muay Thai.

Physician Signature:	License #:	Date (MM/DD/YYYY):	Stamp:
Physician Address:	Telephone:	Email:	

Athlete Name

Athlete Signature

Guardian Signature (If Under 18)

Date (MM/DD/YYYY)

Weight & Weigh Ins (Office Use Only)			
Contracted Weight		First Weigh In	
Weigh In Time		Second Weigh In	
Post Contest Medical & Injury Report			
General condition			
Specific Injury			
Recommended Treatment			
Medical Personnel Name:		Signature:	
Suspensions			
Date of Suspension:		Duration:	days