



EKO Health information

The following form comprises of two sections. Section 1 is a declaration of general health information and has to be filled out by the fighter. Section 2 is a guideline for a 'fit for match' medical evaluation which has to be filled out by the fighter's doctor.

Section 1. General health information

Name of tournament: _____ Year: _____

Surname: _____ Given name: _____

Address: _____

City: _____ Country: _____ Postal code: _____

Tel: _____ E-mail _____
(with international code)

Age: _____ years

Sex: Male Female

Weight: _____, _____ Kg

Do you use visual correction? No Yes glasses
Yes contact lenses

Do you suffer from any diseases?

Diabetes? No Yes

Allergies? No Yes

Asthma? No Yes

Epilepsy? No Yes

Cardio-vascular disorders No Yes

Other diseases? Write here :



If you are female:

Are you pregnant? No Yes = PARTICIPATION NOT ALLOWED

Incorrect or missing statements may cause rejection of your participation in the tournament. Your information will not be registered and is only used for the current tournament

Supportive and protective bandage is not allowed in the first fight. All bandages must be authorized before use by one of the official doctors. First you must show your injury to the tournament doctor, then you and your coach apply the bandages. When bandages are applied, the tournament doctor approves your bandage with a stamp or signature.

Participation is at the fighter's own risk.

I, as a participant in the _____ tournament, hereby declare as follows:

1. I confirm that I shall comply with and be bound by all of the provisions of the EKO Anti-Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards as issued by the World Anti-Doping Agency and permanently published on its website.
2. I acknowledge that EKO have jurisdiction to impose sanctions as provided in the EKO Anti-Doping Rules.
3. I have read and understand the present declaration.

I accept the statements above and declare my information is correct.

Date

Print Name (Last Name, First Name)

Date of Birth (Day/Month/Year)

Signature
(If minor, signature of legal guardian)



Section 2. Fit for match medical evaluation.

This form is a guideline for the fit for match medical evaluation. If the performing physician feels to add additional tests he is free to do so. A copy of the complete form must be kept by the physician and one by the fighter. A copy of the signature page must be submitted to the tournament doctor.

	check up
Date	
Length	
Weight	
Blood pressure	
Heart	
Lungs	
Injury to wrists, hands, eyebrows, face, ears or nose?	
Knock out or concussion within the last 3 months?	
General impression	



Other remarks	
Name, date and stamp physician	Date and autograph fighter

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