

IFKKA Tournament Medical Form
(18 years and over)

I, Doctor
(Please Print Doctor's Name)

Have examined Mr / Ms
(Please Print Participant's Name)

and I certify that the person named above is able to withstand the rigours of full contact Karate competition.

Participant's Data:

Height cm

Weight kg

Doctor's signature:

..... Date :

Place Doctors Practice stamp or details here.