

RING CONTACT FIGHTING ARTS

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MEDICAL FORM

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Weight Pulse Skin Exam: Head & Face: Eyes: Ears: Throat: Nose Teeth: Neck: Chest: Lungs:		Middle Name Blood Pressure (material infection) Dermatologic disorutesions Any bruises, scars,	rders		
Weight Pulse Skin Exam: Head & Face: Eyes: Ears: I Throat: Nose Teeth: Neck: I Chest: Lungs:	Pupils, Right Distance Vision: Right Hearing Right:	Blood Pressure (m Infection Dermatologic diso Lesions	rders swelling or tend Cornea Left Distance Vision	derness	
Weight Pulse Skin Exam: Head & Face: Eyes: Ears: Introat: Nose Teeth: Neck: Integral Chest: Lungs:	Pupils, Right Distance Vision: Right Hearing Right:	Blood Pressure (m Infection Dermatologic diso Lesions	rders swelling or tend Cornea Left Distance Vision	derness	
Weight Pulse Skin Exam: Head & Face: Eyes: Ears: I Throat: Nose Teeth: Neck: I Chest: Lungs:	Pupils, Right Distance Vision: Right Hearing Right:	Blood Pressure (m Infection Dermatologic diso Lesions	rders swelling or tend Cornea Left Distance Vision	derness	
Skin Exam: Head & Face: Eyes: Ears: Throat: Nose Teeth: Neck: Chest: Lungs:	Pupils, Right Distance Vision: Right Hearing Right: (Summary of dental exa	Infection Dermatologic diso Lesions	rders swelling or tend Cornea Left Distance Vision		
Skin Exam: Head & Face: Eyes: Ears: Throat: Nose Teeth: Neck: Chest: Lungs:	Pupils, Right Distance Vision: Right Hearing Right: (Summary of dental exa	Infection Dermatologic diso Lesions	rders swelling or tend Cornea Left Distance Vision		
Head & Face: Eyes: [Ears: [Throat: [Nose [Teeth: [Neck: [Chest: [Lungs:	Distance Vision: Right Hearing Right: (Summary of dental exa	Dermatologic diso Lesions	swelling or tend Cornea Left Distance Vision		
Head & Face: Eyes: [Ears: [Throat: [Nose [Teeth: [Neck: [Chest: [Lungs:	Distance Vision: Right Hearing Right: (Summary of dental exa	Dermatologic diso Lesions	swelling or tend Cornea Left Distance Vision		
Eyes: [F] Ears: [F] Throat: [F] Nose [F] Teeth: [F] Chest: [F] Lungs: [F]	Distance Vision: Right Hearing Right: (Summary of dental exa	Lesions	swelling or tend Cornea Left Distance Vision		
Eyes: [F	Distance Vision: Right Hearing Right: (Summary of dental exa		Cornea Left Distance Vision		
Eyes: [F	Distance Vision: Right Hearing Right: (Summary of dental exa	Any bruises, scars,	Cornea Left Distance Vision		
Ears:	Distance Vision: Right Hearing Right: (Summary of dental exa		Cornea Left Distance Vision		
Ears:	Distance Vision: Right Hearing Right: (Summary of dental exa		Distance Vision	n: Left	
Ears:	Distance Vision: Right Hearing Right: (Summary of dental exa		Distance Vision	n: Left	
Ears:	Distance Vision: Right Hearing Right: (Summary of dental exa		Distance Vision	n: Left	
Ears:	Hearing Right: (Summary of dental exa			n: Left	
Throat: Nose Teeth: (Neck: I Chest: // Lungs:	(Summary of dental exa		Hearing Left:		
Nose Teeth: (Neck: I Chest: // Lungs:			ı	earing Left:	
Teeth: (Neck: I Chest: / Lungs:					
Neck: I Chest: // Lungs:					
Neck: I Chest: // Lungs:		(Summary of dental exam)			
Lungs:	Is it freely moveable and without pain? Evaluate of lymphatic glands & thyroid			tic glands & thyroid	
Lungs:					
	Any deformities				
Heart: F					
	Rhythm				
5	Size				
Extremities \	With special attention t	o the hands			
	Bones				
J	Joints Skin				
1	Nails				
Lung exam					
Neurological Examination					
	Any scars, tenderness, swelling, muscular atrophy, restrictions or laxity of joints, any deformities of the back of restriction of spinal mobility?				
Name of Contact	A t		de - d 6:2		
Nervous System	Any tremors of eyelids,	torigue or outstreto	neu iingers?		
Genitalia /	Absent or undescended testicles, hydrocele, varicocele, inguinal or femoral hernia?				
Centalia /	Assert of undescended testicies, flydrocele, varieocele, flightful of femoral fleffild:				
Declaration:	This person MAY	MAY NOT praction	ce and compete	in martial arts.	
Doctor Signature	Date: (DD/MM/YY))	Official S	Stamp	
	(DD/ IVIIVI/ 11)	,	Official :	···P	