



MARTIAL ARTS SOUTH AFRICA



ATHLETE RingSport Medical (TO BE DONE ON DAY OF FIGHT)

MEDICAL QUESTIONNAIRE

PLEASE INDICATE YES OR NO TO THE FOLLOWING QUESTIONS	Yes	No
Were you ill within the last 14 days?		
Do you use any medicine on a regular basis or within the last 14 days?		
Do you suffer from regular headaches?		
Have you been concussed in the last 6 weeks?		
Have you ever been hospitalized?		
Were you born with any deformities or missing body parts?		
Do you have Hypertension (high blood pressure)?		
Do you suffer from asthma?		
Have you ever fainted during or after a training session?		
Have you ever had any chest pain during or after a training session?		
Have you ever been diagnosed with any skin diseases?		
Do you have any dermatological (skin) conditions at the moment?		
You ever had any issues related to your bones, joints, tendons, or muscles?		
Do you use any supplementation for training or meal replacements at the moment?		
Are you currently on a meal restrictive diet?		

If yes to any question, please provide further details:

Weight _____ Pulse : _____ BP: _____ Lungs clear : _____

Remarks : _____

THE ATHLETE MAY / MAY NOT PARTICIPATE IN EVENT

_____ Physician/Paramedic/Doctor Signature Surname	_____ HCPSA Number	_____ Physician/Paramedic/Doctor Name & Surname
_____ MASA Official Signature	_____ Date of examination	_____ MASA Official Name & Surname