

Kickboxing Organization of South Africa



ATHLETE ANNUAL MEDICAL EXAMINATION

Athlete Name & Surname		ID Number	Date of Birth	Nationality	
Sex	Weight	Length	Pulse	Blood Pressure	
Lungs	Heart	Skin	Mouth	Nose	
Ears		Eyes		Face	
Left	Right	Left	Right		
Arms		Legs		Torso	
Left	Right	Left	Right		
Hands		Feet		Neck & Spine	
Left	Right	Left	Right		
Doctor's notes & comments					
This athlete may or may not train and compete in Kickboxing				Yes	No
Doctor Signature		Date	Practice Stamp		
Athlete/Parent/Guardian Signature		Date			
Instructor Signature		Date			

This certificate is valid for 12 months from its date of issue.