



WKFE WUSHU KUNGFU
FEDERATION OF EUROPE

EUROPEAN TRADITIONAL WUSHU CHAMPIONSHIPS

APRIL 31, MAY 5 2025

HERAKLIO CRETE, GREECE

MEDICAL CERTIFICATE (SAMPLE)

1. ATHLETE INFORMATION

Surname:		Photo	
Given Name(s):			
Country:	Postal Code:		
Passport No.:			
Tel. No.:		Email:	
Address:			
Discipline: <input type="checkbox"/> Light Sanda ____ kg <input type="checkbox"/> Tuishou ____ kg <input type="checkbox"/> Taolu			

2. QUESTIONS FOR ATHELETE (Attach relevant documents if you answered 'yes' to any of the following)

Is a doctor currently treating you?	
Have you ever been unconscious or had a concussion?	
Have you been hit hard in the head in the last 6 months?	
Have you had any headache in the last 2 weeks?	
Do you have any problems with bleeding?	
Do any diseases run in your family?	
Have you had any surgery?	
Have you ever had to stay in a hospital?	
Do you have any medical condition?	

3. MEDICAL DOCTOR INFORMATION

Surname:	Given Name(s):
Tel. No.:	Address:

4. MEDICAL EXAMINATION

Item				Abnormalities
Head	Cranial nerves, eyes, pupil size and reactivity. Fundi. Vision by chart.	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib, tenderness on	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	

	Verbal responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Cardiovascular System	Heart rate	Normal	Abnormal	
	Blood pressure	Normal	Abnormal	
Medications Used	Name and dosage	Yes	No	

5. DOCTOR CONFIRMATION

I confirm that the Athlete is <input type="checkbox"/> fit/ <input type="checkbox"/> NOT fit to participate in the competition.	Signature: Place/Date:
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6. NATIONAL FEDERATION CONFIRMATION

I confirm that the above information provided is true and correct.

National Federation:	
Name of Representative:	
Title of Representative:	
Signature:	Date: