



**"Home to Wushu in
British Columbia"**

WOP36-Annual Medical Declaration Form

EFFECTIVE: March 1st, 2017

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MEDICAL EXAMINATION- TO BE COMPLETED BY THE LICENSED PHYSICIAN/DOCTOR

Please note that the following may preclude from Wushu Combative Sanda competition (1) Impaired Vision – worse eye less than 20/200 and better eye less than 20/120 (2) Squint (3) Recurrent Chronic Suppurative Otitis Media (4) Chest Expansion Less than 2" (5) Total Deafness (6) Albuminuria (7) Hernia, Organomegaly or Undescended Testis (8) Heart Lesions.

For Class A, B, C, and Class D (only if class D athlete is going to international events, not needed for amateur level)

| | | | | | |
|----------------------------|--|----------------------------------|--|-----------------------------------|--|
| ATHLETE INFORMATION | | First Name: | | Last Name: | |
| Weight: (kg) | | Height: (cm) | | Pulse: | |
| Expiration: | | Inspiration: | | Blood Pressure: | |
| | | Left Eye Vision: (Unadjusted) | | Right Eye Vision: (Unadjusted) | |
| | | | | Colour Vision: | |
| | | | | Field of Vision: | |

| GENERAL HEALTH | YES | NO | If Yes, DETAILS |
|--|------------|-----------|------------------------|
| Vision: Abnormality of pupils? | | | |
| Mouth: Any disease of mouth or throat? | | | |
| Hands: Evidence of swelling or injury? | | | |
| Abdomen: Any abnormality? | | | |
| Evidence of stimulant/substance abuse? | | | |

| | |
|--|--|
| I, _____ (Licensed medical Physician's Name) _____ (Athlete's Name) _____ _____ certify that _____ | |
| _____ Is Fit to participate in the Full Contact Sport competitions and events of Canada West Wushu Association Combative Sanda | |
| _____ Is Fit to participate in the Non-Contact Sport competitions and events of Canada West Wushu Association Taolu. | |
| _____ Is Not Fit to participate in any sporting event of Canada West Wushu Association | |

| | | | |
|----------------------|------------|--------------------|--------|
| Physician Signature: | License #: | Date (MM/DD/YYYY): | Stamp: |
| Physician Address: | Telephone: | Email: | |

This declaration must be dated within the 12 months prior to national competition and 6 months prior to international competition.

LABORATORY TESTING FOR ATHLETES AGE 16+ in Class A and B Competition

Laboratory testing is mandatory for all athletes age 16 and above, in Class A and B Competition where open face contact is applicable and must be attached to this medical declaration. Test results must be dated in the 12 months prior to national competition and 6 months prior to international competition. Those attending international events also require EEG (Sanda Only) and ECG (Both Taolu and Sanda) testing results.

| TEST | NEGATIVE | POSITIVE | DATE OF TEST (MM/DD/YYYY) |
|--------------------------------|-----------------|-----------------|----------------------------------|
| HIV | | | |
| Hepatitis B | | | |
| Hepatitis C | | | |
| Electroencephalogram (EEG) | | | |
| Electrocardiogram (ECG or EKG) | | | |