

"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)	(kg) Height: (cm		 cm)		Pulse:	Blood Pressure:	
Expiration:	1		Left Eye Vi Unadjusted		Right Eye Vision: (Unadjusted)	Colour Vision:	Field of Vision:
GENERAL HEALTH				NO		If Yes, DETAILS	
Vision: Abnormalit	y of pupils?					•	
Mouth: Any diseas		or throat?					
Hands: Evidence of	f swelling or	injury?					
Abdomen: Any abr	normality?						
Evidence of stimulant/substance abuse?							
I					ertify thatitions and events of Cana	(Athlete's Name)da West Wushu	
Association Comba	tive Sanda						
Is Fit to particip	oate in the N	Non-Conta	ct Sport o	ompet	itions and events of Cana	ada West Wushu	
Association Taolu.							
Is Not Fit to participate in any sporting Physician Signature: License #:		ng event of Cana		ada Most Mushu Associa			
		License #:		UI Calle	Date (MM/DD/YYYY):		
		License #:		or Carre		Stamp:	
Physician Address:		License #: Telephone:		or Cana			
· 	st be dated v	Telephone:			Date (MM/DD/YYYY):	Stamp:	tional competition.
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