

INTERNATIONAL KUNG FU FEDERATION ATHLETIC HEALTH SCREENING FORM

- 1) ALL Athletes **MUST** complete this form.
- 2) The athlete may fill out the top part, however, a **PHYSICIAN MUST FILL OUT, SIGN & STAMP** the bottom part.
- 3) Please submit this form to the Trainer for review, so please fill in **ALL** of the information.

Last Name _____ First Name _____
 Country _____ Organization _____

Medical History- Have you had the following in the past 5 years? If so, please note month and year.							
	Yes	No	MM/YR		Yes	No	MM/YR
Anemia			/	Heart Murmur			/
Asthma			/	Heart Disease			/
Diabetes			/	High Blood Pressure			/
Kidney Disease			/	Seizures			/
Have you had an acute illness, surgery or hospitalization in the past year?*							
* Please Explain:							

Previous Injury History: If you have injured any of the following joints within the last 5 years, severely enough to limit play for more than 5 days, please describe (include strains, sprains, fractures, dislocations, surgery, etc.	
Ankle	Knee
Back	Shoulder
Elbow	Neck
Any Head/Injury/Concussion? Describe:	
Ever been told to stop playing your sport permanently? Explain:	
Any other injury or chronic problem we should know about? Explain:	

Physician's Evaluation: Please note - the cardiovascular exam is required - please answer each question. Thank you.
1. Date of Exam: _____ / _____ / _____
2. Brachial Blood Pressure: _____ / _____
3. Precordial Auscultation (note an heart murmurs, especially those consistent w/dynamic left ventricular outflow obstruction): X if normal/no murmur heard: _____ or if murmur heard, please describe _____
4. Bilateral Femoral Artery Pulses(to exclude coarctation of the aorta): x if normal: _____ or if not, please describe: _____
5. Please note if there are any problems that need follow up: _____
Physicians Clearance: Please note - one of the following must be checked _____ I recommend this athlete be allowed to participate in the World Kung Fu & Tai Chi Championships with no limits. _____ I recommend this athlete be allowed to participate in the World Kung Fu & Tai Chi Championships with the following limitations: _____ I recommend this athlete not be allowed to participate in the World Kung Fu & Tai Chi Championships.

PLEASE PRINT LEGIBLY OR USE STAMP **SIGN & STAMP**
 Physician's Name: _____ Physician's Signature _____
 Address: _____ Phone:() _____