

Appendix 3. Health Certificate

**1. ATHLETE INFORMATION**

Full name	_____	Gender	_____	Photo
Passport no.	_____	Nationality	_____	
Email	_____	Telephone	_____	
Address	_____			
Event	<input type="checkbox"/> 1 <sup>st</sup> Wushu Taolu Asian Cup <input type="checkbox"/> 2 <sup>nd</sup> Wushu Sanda Asian Cup (    KG category)			

**2. QUESTIONS FOR ATHELETE** (Attach relevant documents if you answered “YES”)

Have you been treated by a doctor recently?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been unconscious or had a concussion?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been hit hard in the head in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you had any headache in the last 2 weeks?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have hemophilia-type?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is there a history of genetic diseases in your family?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had any surgery?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever had to stay in a hospital?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any medical condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**3. MEDICAL DOCTOR INFORMATION**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

**4. MEDICAL EXAMINATION**

Check items and results				Abnormalities
Head	Cranial nerves, eyes, pupil size and reactivity, vision	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
	Brain Examination: electroencephalogram (EEG) Test (Sanda athletes only)	Normal	Abnormal	

Check items and results				Abnormalities
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib, tenderness on compression	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	
	Heart examination: electrocardiogram (ECG) Test	Normal	Abnormal	
Medications Used				
Name and dosage		Remarks		

### 5. DOCTOR CONFIRMATION

I hereby confirm that the athlete is  FIT |  NOT FIT to participate in the competition.

Sign and stamp: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

### 6. NATIONAL FEDERATION CONFIRMATION

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

National Federation: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_

Sign, Stamp and Date: \_\_\_\_\_