

EXAMINATION GUIDELINE

PRE-COMPETITION MEDICAL EXAMINATION BY KCC

- 1. THIS FORM MUST BE FILLED UP BY A MEDICAL DOCTOR. HE MUST PROVIDE A STAMP ALONG WITH HIS SIGNATURE.**
- 2. COMPETITORS MUST HAVE THE OFFICIAL CONSENT OF DOCTOR OF MEDICINE: FIT TO FIGHT.**

The athletes participating in MMA sports, should provide a medical certification signed by authorized Doctor of medicine in which it is stated that prior to leaving his/her place of residence, the athlete was in good physical condition and not suffering from any injury, infection or disability label to affect his/her capacity to compete in MMA competition.

- The authorized Doctor of medicine, among all other examination, must proceed the following examinations:
 - Skin exam: infection, dermatologic disorders, lesions,
 - Head and face: eyes, nose, ears. Special attention to recent trauma. (Summary of Dental examination)
 - Extremities, with special attention to the hands: bones, joints skin and nails
 - Heart examination in consent with the Lausanne Recommendation of the IOC to prevent Sudden Death in Athletes. (For more information visit website of the IOC)
 - Lung exam. (Bronchitis, pneumonia): (these are contraindication for all kind of competition)
 - Examination Of abdomen and genitalia (in male): with the special attention to testicle!
 - Neurological examination: facial nerve, index-nose, Romberg etc.

If one of these examines is positive, the athlete is not allowed to compete and cannot be declared fit to fight.

- All necessary examination described above and any other additional examination and all results need to be registered by Doctors of medicine conducting the examination.
- In addition, every contestant must have weigh-in before each day of the competition.



MEDICAL FORM

Dojo Name	Gender	Date

Family Name	Given Name	Middle Name

Event / Weight category	Pulse (min)	Blood Pressure (mmHg)	

Allergy:	
Skin exam:	
Head and Face:	
Eyes	
Ears	
Throat:	
Nose:	
Teeth	
Neck:	
Chest:	
Lungs:	
Heart	
Extremities	
Lung exam	
Neurological examination	
Locomotors System	
Nervous System	
Genitalia	
Recent Surgery	

I, the undersigned, declare on my honor that I am eligible and fulfill the conditions stipulated by Ruleset of KCC & LLP Identification Number ACE-8749

SIGNATURE OF DOCTOR

DATE (DD/MM/YY)

DECLARATION SIGN