

# World Boxing Council

## MUAYTHAI

[www.wbcmuaythai.com](http://www.wbcmuaythai.com)



### PHYSICAL EXAMINATION REPORT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

#### Medical History:

Have you ever had, or do you currently have any of the following conditions? Please check all that apply.

1. Blood disorder or Anemia		19. Hepatitis	
2. Seizure or Convulsions		20. Diabetes	
3. Rheumatic fever		21. Physical impairment	
4. Asthma or Shortness of breath		22. Skin disease or Rash	
5. High blood pressure		23. Chronic cough	
6. Heart disease or Heart murmur		24. Headaches	
7. Chest pain, discomfort, or pressure		25. Swollen joint, Joint injury, or Dislocation	
8. Tuberculosis		26. Sprain, Muscle, or Ligament tear, Tendonitis	
9. Marfan syndrome		27. Severe muscle cramps	
10. Rheumatism or Arthritis		28. Neck or Spine disorder or instability	
11. Sickle cell disease or Trait		29. Spitting or Coughing of blood	
12. Kidney disease, Single or Horseshoe kidney		30. Substance abuse	
13. Kidney, Lung, Testicle, Eye removed		31. Fracture or Stress fracture	
14. Concussion or Unconsciousness		32. Rupture or Hernia	
15. Mononucleosis		33. Dizziness or Fainting spells	
16. Allergies		34. Numbness, weakness, or tingling in arms or leg	
17. Blurring of vision		35. Surgery of Hospitalization	
18. Wear glasses or Contact Lenses		36. Communicable disease	

Name of Primary Care Physician or Family Doctor: \_\_\_\_\_

If you check any of the above boxes, please explain: \_\_\_\_\_

Do you have any other information concerning your health, past or present, which is not listed or covered by the above questions? (if yes, described): \_\_\_\_\_

Are you taking any medications or drugs?: \_\_\_\_\_ Please list and give the name of the prescribing doctor: \_\_\_\_\_

Date of Last Fight: \_\_\_\_\_ Longest duration of unconsciousness (if happened): \_\_\_\_\_ (# of min, hour, days)

Length of time before returning to fight: \_\_\_\_\_ (# of days)

Have you ever been knocked unconscious in any of other sport or activity? \_\_\_\_\_ What is your average non-fight weight? \_\_\_\_\_ lbs

Signature of Fighter: \_\_\_\_\_





