

3. ISKF EURO SHOTO CUP

Berlin / Germany

20. - 24. September 2018



MEDICAL RELEASE

Name:	
Country:	
Sex:	
Age:	
Age Category:	
PARTICIPATING CATEGORY:	



MY PRESENT HEALTH HISTORY IS AS FOLLOWS:

1. Extreme Heart Murmur	YES	NO
2. Severe hypertension	YES	NO
3. Recent Infection	YES	NO
4. Bone Fracture Within Past 6 Moth	YES	NO
5. Concussion or severe Head Trauma	YES	NO
6. Seizures	YES	NO
7. Eye Injury	YES	NO
8. Nose Injury	YES	NO
9. Severe Bone Bruise Requiring padding	YES	NO
10. Kidney Injury	YES	NO
11. Drug Allergies	YES	NO

12. Bleeding	YES	NO
13. Syncope of Diff. origin	YES	NO
14. Joint Injury	YES	NO
15. Disorders	YES	NO
16. Neck Injury	YES	NO
17. Facial Injury	YES	NO
18. Ear Injury	YES	NO
19. Hepatitis of Diff. Origin	YES	NO
20. Currently Taking Any Medication	YES	NO
21. Currently Taking Any Treatment	YES	NO

I'M OFFICIALLY CONFIRMING THAT MY MEDICAL HISTORY IS REPRESENTED ABOVE, THEREFORE I'M TAKING FULL RESPONSIBILITY - AND HEREBY DISCHARGE TOURNAMENT OFFICIALS OF ALL LIABILITIES.

DATE: _____ . _____ . 2018

APPLICANT'S SIGNATURE: _____

Coach Signature: _____

REMARK:

IF YOU ANSWER IS "YES" TO ANY OF THE ABOVE, YOU ARE REQUIRED TO CHECK WITH THE TOURNAMENT MEDICAL COMMITTEE BEFORE STARTING COMPETITION.

(For official Use Only)

APPROVED: _____:

NOT APPROVED (for participation in this event): _____

DATE: _____ . _____ . 2018 CHIEF MEDICAL JUDGE: _____