



# South African Kickboxing Association

## MEDICAL FORM

Province	Club /Gym Name & Address	Passport/ Identity No:

Family Name	Given Name	Middle Name	Nationality/Citizenship
Weight	Pulse(min)	Blood Pressure (mmHg)	
Skin Exam:		Infection	
		Dermatologic disorders	
		Lesions	
Head & Face:		Any bruises, scars, swelling or tenderness	
Eyes:	Pupils, Right		Cornea Left
	Distance Vision: Right		Distance Vision: Left
Ears:	Hearing Right:		Hearing Left:
Throat:			
Nose			
Teeth:	(Summary of dental exam)		
Neck:	Is it freely moveable and without pain? Evaluate of lymphatic glands & thyroid		
Chest:	Any deformities		
Lungs:			
Heart:	Rhythm		
	Size		
Extremities	With special attention to the hands		
	Bones		
	Joints Skin		
	Nails		
Lung exam			
Neurological Examination			
Locomotor System	Any scars, tenderness, swelling, muscular atrophy, restrictions or laxity of joints, any deformities of the back of restriction of spinal mobility?		
Nervous System	Any tremors of eyelids, tongue or outstretched fingers?		
Genitalia	Absent or undescended testicles, hydrocele, varicocele, inguinal or femoral hernia?		

Declaration: This person may or may not practise and compete in kickboxing

Signature of Doctor

Student Signature / Parent  
Signature if student junior

Date: (DD/MM/YY)

Instructors Signature

Date: (DD/MM/YY)

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