



SOUTH AFRICAN KICKBOXING ASSOCIATION MEDICAL FORM



Province/District		Club/Gym Name & Address		Identity / Passport Number	
Surname		Name (1st)		Name (2nd)	
Weight		Pulse (min)		Blood Pressure (mmHg)	
Skin Exam		Infection		Nationality/Citizenship	
		Dermatologic disorders			
		Lesions			
Hair & 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			
Chest (Any deformities)					
Lungs					
Heart (Rhythm) & size					
Extremities: With Special attention to the hands					
Extremities: Bones					
Extremities: Joint Skin					
Extremities: Nails					
Lung Exam					
Neurological Examination					
Locomotor System Any scars, tenderness, swelling, muscular atrophy, restrictions or laxity of joints, any deformities of the back or restrictions 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 – STUDENT/PERSON PRATISE & COMPLETE IN KICKBOXING				MAY OR MAY NOT	
Doctor Name & Surname		Signature		Date	
Instructor Name & Surname		Signature of Instructor		Date	
Student/Parent (If U18) Name & Surname		Student/Parent Signature		Date	