

**2010 Provincial WTF Taekwondo Championship
Melfort, SK - March 27, 2010**

~ ATHLETE MEDICAL FITNESS FORM ~

****This form must be completed or your Application to Compete will not be accepted****

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Date of Birth (m/d/y): _____ Age: _____ Male Female

Address: _____

City: _____ Postal Code: _____

Provincial Health Card #: _____ Expiry Date: _____

Emergency Contact Name: _____ Phone: _____

I fully understand that any medical treatment given to me during the 2010 Provincial WTF Taekwondo Championship will be by a licensed Emergency Medical Technician (EMT or Paramedic) or certified First Aid Attendant. I hereby give permission that in case of emergency (in the opinion of a certified medical professional) that I may be transported to the hospital by ambulance for further treatment as a precautionary measure.

MEDICAL INFORMATION

1. I hereby certify that I have not suffered a concussion, head injury, loss of consciousness or blow to the head followed by dizziness, memory loss or headache in any activity in the past 30 days.

Signature: _____ Date: _____
(parent or guardian for competitors under 18 years)

2. Have you suffered a head injury, loss of consciousness, concussion or blow to the head in the past 6 months? Yes No
3. If you answered YES to Question 2, were you examined by a physician regarding this injury? Yes No
4. If you answered NO to Question 3, will you consent to a phone interview by the assigned Medical Officer? Yes No
5. If you answered YES to Question 3, has your doctor cleared you for competition? Yes No

Doctor's Name: _____ Phone: _____