MEDICAL DECLARATION FOR IFMA ATHLETES

The information contained in this medical history form will only be used by the International Federation of Muaythai Association for purposes of determining if you pose a health threat/risk to yourself in the ring and to review your past medical history in the event of anew emergency or re- occurrence. This information will remain confidential at all times. Please complete this questionnaire with your physician. Print clearly in BLUE or BLACK ink only.

PERSONAL INFORMATION									
LAST NAME:		**FIRST NAME:**		**M.I.**	
D.O.B.		**AGE:**		**SEX:**		**NATIONALITY:**	

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?								
CONDITION:	**YES**	**NO**	**CONDITION:**	**YES**	**NO**	**CONDITION:**	**YES**	**NO**
BLEEDING OR OTHER BLOOD DISORDER			EPILEPSY/SEIZURE			CATARACTS		
OPEN WOUND/SUTURED CUT			BLURRED VISION			DIABETES		
HIGH TEMPERATURE/PYREXIA			HEARING LOSS			FAINTING		
HEADACHES/MIGRAINES			BALANCE PROBLEMS			DIZZINESS		
HIGH BLOOD PRESSURE			ASTHMA/BRONCHITIS			HERNIA		
ANY HEART CONDITION			RECURRENT NECK PAIN			HIV		
CHEST TRAUMA/RIB FRACTURE			RECURRENT BACK PAIN			HEPATITIS		
CHRONIC OR ACUTE INFECTIOUS DISEASE			MENTAL ILLNESS			PREGNANCY		

1) ARE YOU OVER THE AGE OF 40? YES: ☐ NO: ☐
2) HAVE YOU HAD A FIGHT THAT ENDED IN KO OR RSC-H IN THE PAST 6 MONTHS? YES: ☐ NO: ☐
3) HAVE YOU EVER TESTED POSITIVE WITH WADA (WORLD ANTI-DOPING AGENCY)? YES: ☐ NO: ☐
4) ARE YOU CURRENTLY TAKING ANY MEDICATION? YES: ☐ NO: ☐
   **IF YES, PLEASE LIST ENSURE THAT YOU HAVE SUBMITTED A TUE FORM*
5) HAVE YOU HAD ANY TYPE OF SURGERY IN THE PAST 6 MONTHS? YES: ☐ NO: ☐
6) HAVE YOU NEEDED IN-PATIENT TREATMENT IN A HOSPITAL IN THE LAST 6 MONTHS? YES: ☐ NO: ☐
7) HAVE YOU RECEIVED TREATMENT FOR A BONE FRACTURE, FISSURE OR DISLOCATION IN THE LAST 6 MONTHS? YES: ☐ NO: ☐
8) DO YOU NORMALLY WEAR EYEGLASSES OR CONTACT LENSES? YES: ☐ NO: ☐
9) HAVE YOU EVER HAD BACK OR SPINAL SURGERY? YES: ☐ NO: ☐

PLEASE BE AWARE IF YOU ARE OVER 16 YEARS OLD and competing in the Combat Discipline, LABORATORY BLOOD TESTS RESULTS for HIV antibody & HBV (Hepatitis B Surface Antigen) & HCV (Hepatitis C Antibody) must be submitted with this form on the letterhead of the laboratory that administered the tests. The blood tests must be taken within 6 months prior to the date of competition.

Athletes competing only in the Wai Kru and ParaS disciplines are exempt from the obligation to submit the abovementioned blood test results.

Athletes competing only in the Wai Kru, Mai Muay & ParaS disciplines are exempt from the obligation to submit Sections 2 & 3 of this medical declaration form.

MEDICAL HISTORY STATEMENT

I have completed this medical history questionnaire and answered it truthfully and to the best of my knowledge. I am prepared to answer questions from the International Federation of Muaythai Associations (including athletic trainers, nurses, consultants, coaches, and coordinators) and general practitioners concerning this medical history and medical conditions. I affirm also that I do not suffer from any disability, injury, condition, or complaint that I have not disclosed on this form. I further recognize the importance of fully and accurately disclosing my physical conditions, past and present, to International Federation of Muaythai Associations.

_____ _____/_____/_____

ATHLETE SIGNATURE **DATE**

***If athlete is a minor, to be signed by Parent/Guardian**

MEDICAL DECLARATION FOR IFMA ATHLETES

ATHLETE:			(SECTION 2: PHYSICIANS APPROVAL)
LAST NAME:		FIRST NAME:	

MEDICAL DOCTOR EXAMINATION & APPROVAL:

The applicant's medical fitness for the contact ring sport of Muaythai has been evaluated by physical examination and, if required (at the discretion of the attending physician) by the use of radiology and laboratory facilities.

To be filled in by physician. Please record the athlete's weight with your remarks of whether the athlete is fully hydrated, and your evaluation of their under-skin body fat.

****Please be aware that this weight will be the marker for the athlete's weight category for the season with maximum allowance of +/- 10%.***

TO BE FILLED BY PHYSICIAN ONLY:						
Weight (KG.):						
Level of Hydration by Physical Examination: (Please Tick One)	Normal Hydration:	☐	Has Physical Signs of Dehydration:	☐	Needs Urgent Rehydration:	☐
Level of Subcutaneous Fat by Skin-Fold Pinch Examination: (Please Tick One)	Skinny:	☐	Normal:	☐	Fat:	☐

This is to certify that ..... is in good physical condition and not suffering from any injury, infection or disability liable to affect his/her capacity to box in the competitions of the full contact sport of Muaythai.

_____ _____/_____/_____

PHYSICIAN SIGNATURE **DATE**

CLINIC ADDRESS:_____

TEL:_____ **EMAIL:**_____

CLINIC STAMP/SEAL:

MEDICAL DECLARATION FOR IFMA ATHLETES

ATHLETE :			**(SECTION 3: WEIGHT CUT CONTROL)**
LAST NAME:		**FIRST NAME:**	
COACH :			
LAST NAME:		**FIRST NAME:**	

****IMPORTANT NOTICE TO ATHLETE/GUARDIAN/COACH****

IFMA acknowledges that weight cutting by means of dehydration, loss of water and minerals from the body may pose a dangerous and life threatening result, even in amateur sports and young athletes. At IFMA we support weight control by fat loss, NOT BY water loss. We therefore urge all athletes, entourage and stakeholders to take responsibility in this process for the health and safety of the athletes.

Doctors on duty at the daily medical check are authorised to perform on-the-spot urine spectrometer tests for dehydration on any athlete at any given time should symptoms of dehydration be suspected. Any athlete with a urine density above 1.030 shall not be permitted to compete.

DECLARATION OF WEIGHT CONTROL

I understand that I must not have symptoms of dehydration during the medical controls.
I understand that doctors on duty at the daily medical check are authorised to perform on-the-spot urine spectrometer tests for dehydration on any athlete at any given time should symptoms of dehydration be suspected.
I understand that if my urine density is tested above 1.030, I shall not be permitted to compete.
I understand that use of diuretics is prohibited by the WADA anti-doping code due to is classification as a masking agent, and shall not resort to this substance to aide in weight-cutting.

BY SIGNING BELOW, WE HEREBY DECLARE THAT WE UNDERSTAND THE ABOVE INFORMATION WITH FULL UNDERSTANDING OF THE MEDICAL RISKS OF WEIGHT CUTTING BY DEHYDRATION, WATER AND MINERAL LOSS FROM THE BODY.

DETECTION OF THIS PROCESS BEFORE THE COMPETITION COULD RESULT WITH THE ATHLETE'S AND THE COACH'S DISQUALIFICATION FROM THE COMPETITION.

_____ _____/_____/_____
ATHLETE SIGNATURE **DATE**

***To be signed by parent/guardian in the case of a minor under 18 years of age.**

Name of Parent/Guardian:

_____ _____/_____/_____
PARENT/GUARDIAN SIGNATURE **DATE**

_____ _____/_____/_____
COACH SIGNATURE **DATE**

MEDICAL DECLARATION FOR IFMA ATHLETES

ATHLETE :			(SECTION 4: FEMALE NON-PREGNANCY DECLERATION)
LAST NAME:		FIRST NAME:	

DECLARATION OF NON PREGANCY

THIS SECTION IS TO BE COMPLETED BY ALL FEMALE ATHLETES ONLY

1. DECLARATION OF NON PREGNANCY FOR FEMALE ATHLETES AGED 18 (EIGHTEEN) AND OVER

_____ _____/_____/_____

PLACE **DATE**

NAME OF EVENT: _____

I,……, **declare that I am not pregnant.**

I understand the seriousness of this statement and accept full responsibility for it. In the event that this declaration is subsequently shown to be inaccurate or false and I suffer from any related injury or damage during the Event, I on behalf of my heirs, executors and administrators, waive and release any and all claims for damages I may have against IFMA (including its officials and employees), the organisers of the Event (including the Local Organising Committee and/or the Host Federation) and the Competitions Venue owners for such injury or damage.

_____

ATHLETE SIGNATURE

1. DECLARATION OF NON PREGNANCY FOR FEMALE ATHLETES AGED UNDER 18 (EIGHTEEN)

_____ _____/_____/_____

PLACE **DATE**

NAME OF EVENT: _____

I,…….. , am one of the parents/legal caretaker of…….

(NAME OF PARENT/GUARDIAN) *(NAME OF ATHLETE)*

and declare, on her behalf that she is not pregnant.

I understand the seriousness of this statement and accept full responsibility for it in the event that this declaration is subsequently shown to be inaccurate or false and the abovenamed athlete suffers any related injury or damage during the Event, I on Behalf of the abovenamed athlete, her heirs executors and administrators, waive and release any and all claims for the abovenamed athlete.
Damages she may have against IFMA (including its officials and employees), the organisers of the Event (including the Local Organising Committee and/or the Host Federation) and the Competitions Venue owners for such injury or damage.

_____

PARENT/GUARDIAN SIGNATURE