Annex 2

17th World Wushu Championships
Medical Certificate (Sample)

1. ATHLETE INFORMATION

Surname				Color ID Photo
Given Name(s)				
Country		Postal Code		
Passport No.		Telephone No.		
Email				
Address				

2. QUESTIONS FOR ATHELETE (Attach relevant documents if you answered 'yes' to any of the following)

Is a doctor currently treating you?	
Have you ever been unconscious or had a concussion?	
Have you been hit hard in the head in the last 6 months?	
Have you had any headache in the last 2 weeks?	
Do you have any problems with bleeding?	
Do any diseases run in your family?	
Have you had any surgery?	
Have you ever had to stay in a hospital?	
Do you have any medical condition?	
Do you have a history of seasonal or drug allergies?	
Is there a history of sudden death under 45 years old in the family?	

3. MEDICAL DOCTOR INFORMATION

Surname	
Given Name(s)	
Telephone No.	
Address	

4. MEDICAL EXAMINATION

Item				Abnormalities
Head	Cranial nerves, eyes, pupil size and reactivity. Fundi. Vision by chart.	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
	Brain Examination: electroencephalogram (EEG) Test （Sanda athletes only)	Normal	Abnormal	
Neck	Cervical spine, lymph nods	Normal	Abnormal	
Chest	Breath sounds, rib, tenderness on compression	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Cardiovascular System	Heart rate	Normal	Abnormal	
	Blood pressure	Normal	Abnormal	
	Heart examination: electrocardiogram (ECG) Test	Normal	Abnormal	
Medications Used	Name and dosage	Yes	No	

5. DOCTOR CONFIRMATION

I confirm that the Athlete is ☐ fit / ☐ not fit to participate in the competition.	Signature: Place/Date:

6. NATIONAL FEDERATION CONFIRMATION

I confirm that the above information provided is true and correct.

National Federation		
Name of Representative		
Title of Representative		
Signature:		Date: