



## WORLD AMATEUR MUAY THAI ASSOCIATION OF CANADA

**Ajarn Khan Phady**

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It is our Association's mandate to ensure the safety of all fighters. Muay Thai is a combative martial art involving strikes to the head and body and can result in exposure to an opponent's bodily fluids including blood. The strikes include but are not limited to kicking, punching, elbowing and kneeing. It is important for Medical Practitioners to consider this when conducting this medical examination as your examination will certify whether this athlete is fit to compete.

### COMPETITOR'S MEDICAL EXAMINATION FORM PART I

Athlete Name: \_\_\_\_\_

Club: \_\_\_\_\_

Address: \_\_\_\_\_

OHIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### **PERSONAL HISTORY:**

Please list any past hospitalizations and cause: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

List any medications, homeopathic treatments or supplements you are currently taking:

\_\_\_\_\_

#### **PHYSICAL EXAMINATION:**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eyes:	Right	Left
Distance vision (uncorrected)	20/_____	20/_____
Light reflex	Normal/abnormal	Normal/abnormal
Accommodation reflex	Normal/abnormal	Normal/abnormal
Fundi (describe if abnormal)	Normal/abnormal	Normal/abnormal
Ears - Perforated drums	Yes	No
Mouth and Pharynx	Normal/abnormal	_____
Adenopathy	No/yes (location):	_____

**COMPETITOR'S MEDICAL EXAMINATION FORM PART II**

Lungs	Normal/abnormal _____
Heart	Normal/abnormal _____
	Blood Pressure: _____ Pulse: _____
Abdominal Palpation	Normal/abnormal _____
Hernia	No      Yes _____
Testis	Normal/abnormal _____

	Normal	Abnormal
Tendon Reflexes:		
Knee jerk	Rt. _____ left _____	Rt. _____ left _____
Babinski	Rt. _____ left _____	Rt. _____ left _____
Rhomberg	_____	_____
Finger to nose	_____	_____

<b>Joints, Upper and Lower Extremities and Spine:</b> Hands Wrist Elbows Shoulder girdle Hips Knees	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
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Shins \_\_\_\_\_  
Ankles \_\_\_\_\_  
Spine \_\_\_\_\_  
Cervical \_\_\_\_\_  
Thoracic \_\_\_\_\_  
Lumbosacral \_\_\_\_\_

**Urinalysis:** albumin \_\_\_\_\_ sugar \_\_\_\_\_ bile \_\_\_\_\_ micro \_\_\_\_\_

**Current Blood Work:**

Type \_\_\_\_\_ Hemoglobin \_\_\_\_\_ WBC \_\_\_\_\_  
Hepatitis \_\_\_\_\_ HIV \_\_\_\_\_

Chest x-ray results (if required) \_\_\_\_\_

**COMPETITOR'S MEDICAL EXAMINATION FORM PART III**

**Examiner must be a qualified Doctor of Medicine**

Place business stamp in space provided below

\_\_\_\_\_  
Signature

Date of Examination: \_\_\_\_\_  
Day / Month / Year

Based on your examination of the athlete in question, please check the appropriate box below with regards to his/her physical capabilities to participate in Muay Thai training and/or competition.

Fit to participate (\_\_\_\_\_)      Unfit to participate (\_\_\_\_\_)

Reason for decision (if needed):

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