



WORLD AMATEUR MUAY THAI ASSOCIATION OF CANADA

Ajarn Khan Phady
164 Macatee Place
Cambridge, ON, N1R 6Z8
Email: kphady@wamtac.org Phone: 519-584-5426

WAMTAC PRE-BOUT MEDICAL QUESTIONNAIRE

To be completed by the Athlete and Coach before pre-bout medical examination.

QUESTIONS FOR THE COACH / REPRESENTATIVE

Coach/Representative Name: _____ (please print clearly)

Have you noticed any changes in your athlete with regards to the following?

	Yes	No
1. Attention or concentration	_____	_____
2. Memory	_____	_____
3. Speech	_____	_____
4. Behaviour	_____	_____
5. Sparring (quickness)	_____	_____
5. Has your athlete been knocked out in the last 90 days?	_____	_____

Signature: _____

ATHLETE MEDICAL OVERVIEW

Athlete Name: _____ (please print clearly)

Have you had any of the following conditions recently—i.e. within the last three months?

	Yes	No
1. Headaches	_____	_____
2. Dizziness	_____	_____
3. Nausea or vomiting	_____	_____
4. Double or blurred vision	_____	_____
5. Have you taken any medication within the last 90 days?	_____	_____

If yes, what medication(s): _____

ATHLETE MEDICAL OVERVIEW CONTINUED...

Have you had any of the following illnesses, please give particulars in the space provided:

	Yes	No	Particulars
1. Eye or ear impairment; infections or injuries	_____	_____	_____
2. Rheumatic fever; T.B.; Pleurisy or Asthma	_____	_____	_____
3. Kidney or Urine disorder; has only 1 kidney	_____	_____	_____
4. Diabetes Mellitus	_____	_____	_____
5. Indigestion; vomiting; abdominal cramps	_____	_____	_____
6. Nervous breakdown; head injury; fits	_____	_____	_____
7. Acute infections	_____	_____	_____
8. Fractures; dislocations; severe pains	_____	_____	_____
9. Epilepsy or applicant or any family member	_____	_____	_____
10. Present/past suspensions from competition	_____	_____	_____

Over the last 90 days, have you:

	Yes	No	Particulars
1. Been knocked out? Penalties and/or sanctions may apply if you fail to disclose.	_____	_____	_____
2.. Competed outside of WAMTAC?	_____	_____	_____

Female athletes: is there any possibility that you may be pregnant? Yes _____ No _____

Date: _____

Signature of applicant

Signature of Parent/Guardian

Physicians Name: _____

Physicians Signature: _____