IKF FIGHTER FULL PHYSICAL EXAMINATION (916) 663-2467 - main@IKFKickboxing.com ONLY A LICENSED PHYSICIAN (MD OR DO) MAY CONDUCT THIS EXAMINATION AND FULLY COMPLETE THIS FORM NO MORE THEN 30 DAYS PRIOR TO BOUT.			
1: FIGHTER'S FIRST NAME			
2: FIGHTER'S LAST NAME	╶┚ _┍ ┻┑┚┚┚		
3: AGE Birthday (Month, Day & Year): ////////////////////////////////////	ull.		
 4 - Have you ever had blurred vision? Yes No			
6 - Have you ever been diagnosed by a physician to have significant eye problems such as, but not limited to, blindness in either eye, retinal tear, retinal detachment, primary or secondary glaucoma, aphakia, pseudophakia, or dislocated lens?No			
7 - Do you have any groin pain, bulging or history of a hernia?YesNo			
8 - Do you presently have any open cuts, sores, wounds, or rashes?YesNo			
9 - When was the last time you took any type of medication or drug? (State what type and when and be specific):			
10 - Have you ever undergone any type of surgery? Yes No (State what type and when and be specific)			
11 - When was the last time you took any type of vitamin supplement? (State what type	e and when and be specific)		
12 - PHYSICAL HISTORY: PLEASE CHECK ALL THAT APPLIES BELOW: AsthmaBlood in urineAllergiesFainting spellsRupture (hernia)Chest painsOperationsDiabetesHypertensionAbnormal BleedingShortness of breathSwollen jointsFrequent headachesConvulsions (fits)Chronic coughCerebral hemorrhage or serious head injury. IF ANY CHECKED, EXPLAIN ON BACK> 13: WOMEN: Are you Pregnant? You may be asked to take a pregnancy test prior to your bout.			
14: FIGHTER'S SIGNATURE			
PHYSICAL EXAMINATION - BY MD OR DO ONLY			
General Appearance: Healthy Other (Explain) H	eight Weight		
PULSE: Resting AFTER EXERCISE			
BP: Resting AFTER EXERCISE 2 Min Later	Febrile? Yes No		
Normal? <u>YES</u> <u>NO</u> <u>YES</u> <u>NO</u>	<u>YES</u> <u>NO</u>		
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