

MEDICAL PRACTITIONERS REPORT

Name of Promoter: _____ Venue: _____ Date of Contest _____

Name of Contestant	Age	Weight	Lungs	Heart	Temp	Blood	Pulse	Hands	Eyes	Scrotal Evidence Hernia	Abdominal Inspection	After Contest Recommendations
						Pressure	Sit Stand	Right Left	Right Left			
												Suspend _____ Days No contact trwining Special Exam _____
												Suspend _____ Days No contact trwining Special Exam _____
												Suspend _____ Days No contact trwining Special Exam _____
												Suspend _____ Days No contact trwining

												trwining Special Exam _____
												Suspend _____ Days No contact trwining Special Exam _____
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												Suspend _____ Days No contact trwining Special Exam _____

Fighter s will be suspended a minimum of 30 days after knockout or hard **fight**s, unless a longer period is recommended and will refrain from contact training for 14 days unless a longer period is recommended. If you recommend a special examination, indicate the nature of the examination. **P.K.C** SA desires that physicians pay special attention to contestants' hands.

REMARKS: _____

I have this day examined the abovenamed persons and find them in _____ physical condition to engage in Kickboxing contest for the above date.

PHYSICIAN PLEASE SIGN HERE: _____ **DATE:** _____

Note: The ringside physician must complete the "After Contest Recommendations" column if a **fighter** is knocked out or injured in any way.

ANNEXURE L L