

Health information for (name): _____

Date of birth: _____ Sex: Male Female Weight: _____, ___ Kg

Do you use visual correction? No Yes glasses
Yes contact lenses

Are you receiving treatment for - (if yes, write medicine, doses, etc. on the back of this paper)

Diabetes? No Yes
Allergy? No Yes
Asthma? No Yes
Epilepsy? No Yes
Cardio-vascular disorders No Yes
Do you use any other medication? No Yes

Have you ever been unconscious? No Yes date: _____

Do you suffer from any present or previous injuries ?

No Yes Which _____

Do you feel in good health? Yes No

Other relevant health information: _____

If you are female:

Pregnant/signs of pregnancy? No Yes = PARTICIPATION NOT ALLOWED

Incorrect or missing statements may cause rejection of your participation in SO 2008. Your information will not be registered and are used for SO 2008 only.

Supportive and protective bandage is not allowed in the first fight. All bandages must be authorized before use by one of the official doctors.

**I accept the statements above and declare my information is correct.
I also understand that participation in SO 2008 is at my own risk.**

Date: _____ Fighters Signature: _____