

MEDICAL EXAMINATION REPORT

Part B – to be completed by examining physician if “YES” was answered on any questions in Part A

Name: _____

Weight: _____ Did you weigh? Yes / No

Height: _____ Did you measure? Yes / No

Pertinent Medical History:

	Normal	Abnormal	Details of Positive Findings															
1. Eyes (lids conjunctiva, cornea, pupils, fundi)																		
2. Ears (auditory canals, tympanic membranes, patency of eustachian tubes)																		
3. Nose, throat (airway, speech impediment, tonsils, etc)																		
4. Nervous system (Concussion sequelae; Tendon reflexes, tremors, gait)																		
5. Respiratory system (Thorax, lung fields)																		
6. Cardiovascular system (Heart size, rhythm, sounds, murmurs: peripheral circulation and varicosities)																		
7. Gastro-intestinal system (abdominal scars, enlarged organs or hernia, hemorrhoids)																		
8. Genito-urinary system (Varicocele, hydrocele, particularly with hernia)																		
9. Locomotor system (amputations, deformities, restriction of movement of limbs or spine)																		
10. Lymphatic system and thyroid																		
11. Skin (including evidence of allergy)																		
12. Blood pressure readings: <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;">1st</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Additional</td> <td style="width: 30%;"></td> </tr> <tr> <td>s. _____</td> <td></td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>d. _____</td> <td></td> <td></td> <td></td> <td>_____</td> </tr> </table>					1 st		Additional		s. _____				_____	d. _____				_____
	1 st		Additional															
s. _____				_____														
d. _____				_____														
13. Pulse: _____																		

VISUAL EXAMINATION

	a) Distant Vision	a) Near Vision
Right Eye	/ corrected to /	/ corrected to /
Left Eye	/ corrected to /	/ corrected to /
Both Eyes	/ corrected to /	/ corrected to /

Examining physician's opinion:

The Karate student named above is medically ____ fit / ____ unfit to participate in competitive free sparring.
Examining physician's name and address (use rubber stamp if available)

Physician's Signature

Date

Contra-Indications to Athletic Participation in Sports

Contact Sports: Karate, Football, Wrestling, Basketball, Baseball, Soccer, Rugby, Lacrosse, Boxing, Hockey, Judo		
	Absolute Contra-indications	Relative Contra-indications
Neurological	1. Concussion with loss of consciousness – out of tournament 2. Two concussions – out for the season 3. Three concussions – out of contact sports	1. Epilepsy (convulsions) if well controlled - no seizure one year – participation permitted 2. A major convulsion after head injury without evidence of epilepsy – this is in concussion category; i.e. two convulsions – out for the season, etc.
Eye	1. Blindness in one eye 2. Recent intraocular operation 3. Presence of intraocular lens	1. Retinal detachment – ophthalmological consultation mandatory 2. Active eye infection, eg. conjunctivitis 3. Defective lid closure 4. Corneal anesthesia
Respiratory	1. Any active lung infection including TB	1. Bronchial asthma – participate to tolerance
Cardio-vascular	1. Abnormal enlargement of the heart 2. Heart murmurs recognized as a) Mitral stenosis b) Aortic stenosis 3. Infection in the heart	1. Resting blood pressure over 140 systolic and 90 diastolic (high blood pressure) – investigate before participation
Endocrine		1. Diabetes if poorly controlled
Abdomen	1. Partially descended testis in position subject to injury 2. Any enlarged major abdominal organ (liver, spleen, kidney)	1. Inguinal hernia (rupture)
Genital Urinary System	1. One kidney missing or seriously damaged 2. Active kidney infection	1. One testicle missing
Musculo Skeletal	1. Incomplete healing of wrist fracture 2. Arthritis in the back (vertebrae column) 3. Active hip disease	1. Instability of knees 2. Recurrent shoulder dislocation 3. Osgood Schlatters if pain present on Movement 4. Amputees
Hematological	1. Coagulation defects	
Skin		1. Active bacterial infection 2. Active herpes simplex (cold sores) 3. Severe cystic acne

Take this reference to physician if completion of Medical Examination Report is required.