**American Kyokushin Karate Organization**
**Physical Examination for Full Contact Competitors**

Applicant Information

Name (Last, First, M.I.) _____
Date of Birth _____
Street Address _____
City, State, Zip _____

## To be answered by Competitor

Have you experience any of the following (check all that apply):

| | | | |
|---|---|---|---|
| Fainting spell | _____ | Rheumatism | _____ |
| Shortness of breath | _____ | Other bone/joint disorders | _____ |
| Frequent headaches | _____ | Diabetes | _____ |
| Spitting blood | _____ | Bleeding disorders | _____ |
| Hernia | _____ | Operations/Surgery | _____ |
| Swollen joints | _____ | Concussion | _____ |
| Convulsions | _____ | Blackouts during exercise | _____ |
| Cerebral hemorrhage | _____ | Knocked unconscious | _____ |
| Chest pain | _____ | | |

If you answered "yes" to any of the above, please explain (attached additional sheets if necessary):

_____
_____
_____
_____
_____
_____
_____

List all current medications:

_____
_____
_____

Tournament Division: __ Mens' Lightweight ( to lbs); __ Mens' Middleweight ( to lbs); __ Mens' Heavyweight ( +lbs); __ Womens; __ Senior (35 to 45 years old)

***Signature of Applicant*** **_____**

**I hereby certify the above statements are true.**

Date: _____

Physical Examination

General Appearance: _____
Height: _____ Weight: _____ Temperature: _____
Disabling Scars: _____ Mouth: _____ Teeth: _____ Tonsils: _____
Neck: _____
Pulse at rest: _____ Pulse after 100 hops: _____ Pulse 2 minutes later: _____
BP at rest: _____ BP after 100 hops: _____ BP 2 minutes later: _____

Enlarged Glands: __Yes __ No Goiter: __ Yes __ No
Heart:
Pulse Rhythm:__ Regular __ Regular Apical impulse: __ Heavy __ Normal
Enlargement: __ Yes __ No Murmurs: __ Yes __ No
Lungs:
Rales: __ Yes __ No
Breasts:
Mass: __ Yes __ No Tenderness: __ Yes __ No
Discharge: __ Yes __ No
Testicles:
Normal: __ Yes __ No
Pelvic:
Normal: __ Yes __ No
Reflexes:
Pupils: _____ Knee jerks: _____ Romberg: _____
Babinski: _____
Skin:
Rash: _____ Boils: _____ Other unhealed wounds: _____

Remarks: _____
_____
_____
_____

I hereby certify that on the basic of the above participants and Physicians finding, that in my opinion that this participant is in good physical condition and able to engage in full contact karate tournament.

**Printed Name of Physician:_____ License No:_____**

**Physician Signature: _____ M. D. or D.O.**
**Date _____**