Antwerp Diamond Cup

THE ANTWERP DIAMOND CUP 2009

Health information form

For fighters only

Name:
Surname:
Sex: Male / female
Country:
Date of birth:
Weight:

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

Do you take any medicine 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 been unconscious before? 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 Antwerp Diamond cup 2009.
Your information will not be registered and are used for The Antwerp Diamond cup 2009.

Participation in The Antwerp Diamond cup 2009 is at the fighters own risk.

I accept the statements above and declare my information to be correct.

Date: Fighters signature: