ISKA KICKBOXERS
ANNUAL PRE-FIGHT MEDICAL REPORT

Applicant's Name: _____

Address: _____

_____**Post Code**: _____

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SEROGOLY REPORT: Please circle

Hepatitis B Positive Negative **Hepatitis C** Positive Negative

H.I.V. Positive Negative

Comments: _____

_____

Any other injuries or disorders:

_____

Comments: _____

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MEDICAL PRACTITIONER

Name: _____

Address: _____

_____**Post Code**: _____

Telephone: _____

Signature: _____ **Date:** _____

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RELESE OF INFORMATION

I _____Hereby release the information contained
PRINT
in this document to the officers of the Sanctioning body concerned.
.

Signature: _____

Date: _____