EKO Health information

The following form comprises of two sections. Section 1 is a declaration of general health information and must be filled out by the fighter. Section 2 is a guideline for a 'fit for match' medical evaluation which must be filled out by the fighter's doctor.

Section 1. General health information

Name of tournament: 3rd Balkan Shinkyokushin Championship Year: 2026

Surname: _____ Given name: _____

Address:_____

City: _____ Country: _____ Postal code: _____

Tel: _____
E-mail_____
(with international code)

Age: _____years Sex: Male• Female• Weight: _____,___Kg

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

Do you suffer from any diseases?

Diabetes? No• Yes•

Allergies? No• Yes•

Asthma? No• Yes•

Epilepsy? No• Yes•

Cardio-vascular disorders No• Yes•

Other diseases? Write here :

_____

_____

_____

Do you use any medication? No• Yes• (Fill in the form below):

Medication (generic name)	Dose	Route	Frequency
1.			
2.			
3.			
4.			

Remember to check if your medicine is on the WADA prohibited list. If it is, you should have a TUE (Therapeutic Use Exemption) from your country antidoping organization. This form shall be sent to the tournament organizer and the EKO Doping Committee, within 30 days before the tournament.
It is each fighter's personal duty to ensure that no Prohibited Substance, enters his or her body. Fighters are responsible for any Prohibited Substance, or its Metabolites or Markers found to be present in a doping test. If you use medicine, it is your responsibility that your coach is aware of this, and have any acute medication nearby, and that your coach is familiar with the use of your medicine.

Have you had a concussion? No •

Yes• Date of last occasion: _____

Do you have any remaining symptoms?

_____

_____

Do you suffer from off any present or previous injuries?

No• Yes•

What injuries and symptoms? _____

_____

Do you feel in good health? Yes• No•

Other relevant health information: _____

If you are female:

Are you pregnant? No• Yes• = PARTICIPATION NOT ALLOWED

Incorrect or missing statements may cause rejection of your participation in the tournament. Your information will not be registered and is only used for the current tournament.

Supportive and protective bandage is not allowed in the first fight. All bandages must be authorized before use by one of the official doctors. First you must show your injury to the tournament doctor, then you and your coach apply the bandages. When bandages are applied, the tournament doctor approves your bandage with a stamp or signature.

Participation is at the fighter's own risk.

I, hereby declare as follows:

1. I confirm that I shall comply with and be bound by all the provisions of the EKO Anti Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards as issued by the World Anti-Doping Agency and permanently published on its website.

2. I acknowledge that EKO have jurisdiction to impose sanctions as provided in the EKO Anti Doping Rules.

3. I have read and understand the present declaration.

I accept the statements above and declare my information is correct.

_____ _____

Date Print Name (Last Name, First Name)

_____ _____

Date of Birth (Day/Month/Year) Signature

(If minor, signature of legal guardian)



Section 2. Fit for match medical evaluation.

This form is a guideline for the fit for match medical evaluation. If the performing physician feels to add additional tests, he is free to do so. A copy of the complete form must be kept by the physician and one by the fighter. A copy of the signature page must be submitted to the tournament doctor.

	check up
Date	
Length	
Weight	
Blood pressure	
Heart	
Lungs	
Injury to wrists, hands, eyebrows, face, ears or nose?	
Knock out or concussion within the last 3 months?	
General impression	

Other remarks	
Name, date, and stamp physician	Date and autograph fighter

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