



Wado International Karate Do Federation Northern Ireland (NI-WIKF)



Medical Statement

Name: _____ Phone: _____

Address: _____

Club: _____ Association Licence No. _____

Applicants Grade: _____ Applicants Coach: _____

(i) Do you suffer from any of the following disorders (tick)

Epilepsy Hay Fever Nervous Disorder Heart Disorders

Abnormal Blood Pressure Migraine

(ii) Do you suffer from any other known medical condition which may make it unsafe to practice Karate _____

(iii) Do you have any disability or impairment _____

Declaration

I declare the information given is true to the best of my knowledge.

Signed: _____ Date: _____

(to be signed by applicant's parent / guardian if applicant is under 18 years old).