

MEDICAL FORM

Compliant to Asian Kickboxing Confederation (WAKO Asia) Guidelines



OCA recognized body in charge of Kickboxing in Asia



KICKBOXING FEDERATION OF SINGAPORE MEDICAL GUIDELINES (In compliance with Asian Kickboxing Confederation (WAKO Asia) Medical Guidelines)

PRE-COMPETITION MEDICAL EXAMINATION BY LOCAL REGISTERED DOCTOR

1. Each athlete is responsible for his/her own health throughout the competition
2. Athletes must have official consent of a local registered doctor. This is done by the doctor certifying the athlete as **'Fit To Fight'** by completing the below medical form.
3. The athletes participating in the sport of Kickboxing, must declare that he/she is in good physical condition and not suffering from any injury, infection or disability to affect his/her capacity to compete in the Kickboxing competition.
4. The local registered doctor must complete the following examinations amongst other examinations;
 - a. **Skin Examination:** Infection, Dermatologic Disorders, Lesions
 - b. **Head and Face Examination:** Eyes, Nose, Ears (special attention to recent trauma)
 - c. **Dental Examination:** Teeth, Mouth
 - d. **Extremities Examination:** Hands and Feet – Bones, Joints, Skin, Nails
 - e. **Heart Examination: (very important)** (in consent with Lausanne Recommendation of the IOC to prevent Sudden Death in Athletes) (See page 3 to 5). For more information, please visit the International Olympic Committee (IOC) website.
 - f. **ECG:** The ECG diagnostic heart tests confirming that he/she is qualified for Kickboxing Sport participation (the ECG diagnostic heart test is valid for a period of 1 year).
 - g. **Lung Examination:** Bronchitis, Pneumonia (these are contraindications for all kinds of competition).
 - h. **Abdomen and Genitalia Examination (in male):** With special attention to testicle
 - i. **Neurological Examination:** Facial Nerve, Index-Nose, Romberg, etc.
 - j. If in **any one of the above examinations is positive**, the athlete is not allowed to compete and **CANNOT** be declared **'Fit To Fight'**.
5. All necessary examinations described above and any other additional examination and all results need to be completed by a local registered doctor, and kept in the form of a written document.
6. In addition, every athlete must have the medical examination from the place set by the Organising Committee and must have the medical examination and weigh-in before each day of the competition (for Ring Sports).



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ASIAN KICKBOXING CONFEDERATION (WAKO ASIA)
134 Bokonbaeva str, Bishkek 720040 – Kyrgyzstan
Tel: +9821 8896 7346 Fax: +9821 8897 2049
Email: info@wakoasia.com

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First Name	Last Name	☐ NRIC No / ☐ Passport	Nationality /Citizenship

Event / Weight Category	Pulse(min)	Blood Pressure (mmHg)	

Examination	Description (please fill in accordingly in the given spaces)	
Skin Examination	Infection	
	Dermatologic Disorders	
	Lesions	
Head and Face	Any bruise, scars swellings or tenderness	
Eyes	Pupils (Right):	Pupils (Left):
	Cornea (Right):	Cornea (Left):
	Distance Vision (Right):	Distance Vision (Left):
Ears	Hearing (Right):	Hearing (Left):
Throat		
Nose		
Teeth	(summary of dental examination)	
Neck	Is it freely moveable and without pain? Evaluation of lymphatic glands and thyroid:	
Chest	Any deformities?	
Lungs		
Heart	Rhythm:	
	Size:	
Extremities	With special attention to the hands and legs:	
	Bones:	
	Joint Skin:	
	Nails:	
Lung Exam		
Neurological Exam		
Locomotor System	Any scars, tenderness, swellings, muscular atrophy, restrictions or laxity of joints, any deformities of the back or restriction of spinal mobility?	
Nervous System	Any tremors of eyelids, tongue or outstretched fingers?	
Genitalia	Absent or undescended testicle, hydrocele, varicocele, inguinal or femoral hernia?	

DECLARATION: I the undersigned, declare on my honour that I am eligible and fulfil the Conditions stipulated by the Rules of Kickboxing Federation of Singapore and Asian Kickboxing Confederation”.

Name of Doctor: _____ Date of Examination: _____

Signature of Doctor _____ Company Stamp: _____

“This form must be printed out and must be presented by athletes during Medical Examination and Weigh-In”.

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Sudden Cardiovascular Death in Sport

LAUSANNE RECOMMENDATIONS

Under the umbrella IOC Medical Commission
10 December 2014

PREPARTICIPATION CARDIOVASCULAR SCREENING

“Sudden death” in sport has to be fully appreciated. The leading cause (more than 90%) of non-traumatic sudden death in athletes is related to pre-existing cardiac abnormality.

For the purpose of this recommendation, sudden cardiovascular death is defined as follows:

Death occurring within one (1) hour of the onset of symptoms in a person without a previously recognised cardiovascular condition that would appear fatal: this excludes cerebrovascular, respiratory, traumatic and drug related causes.

The purpose of this recommendation is to identify, as accurately as possible, athletes at risk in order to advise them accordingly.

Step 1: For all participants at the beginning of competitive activities until age 35 years	Potentially detectable Cardiovascular Conditions
<u>Personal history:</u> Questionnaire by examining physician • Have you ever fainted or passed out when exercising? • Do you ever experience chest tightness? • Does running ever cause chest tightness? • Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform in sports? • Have you ever been treated / hospitalised for asthma? • Have you ever had a seizure? • Have you ever been told that you have epilepsy? • Have you ever been told to give up sports because of health problems? • Have you ever been told you have high blood pressure? • Have you ever been told you have high cholesterol? • Do you have trouble breathing or do you cough during or after activity? • Have you ever been dizzy during or after exercise? • Have you ever had chest pain during or after exercise? • Do you have or have you ever had racing of your heart or skipped heartbeats? • Do you get tired more quickly than your friends do during exercise? • Have you ever been told you have a heart murmur?	Any Cardiovascular Condition

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• Have you ever been told you have a heart arrhythmia? • Do you have any other history of heart problems? • Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? • Have you ever been told you had rheumatic fever? • Do you have any allergies? • Are you taking any medications at the present time? • Have you routinely taken any medication in the past two (2) years?	
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The recommended investigations should be repeated once every two (2) years

Step 1: For all participants at the beginning of competitive activities until age 35 years	Potentially detectable Cardiovascular Conditions
<u>Family history:</u> Questionnaire by examining physician Has anyone in your family less than 50 years old; • Died suddenly and unexpectedly? • Been treated for recurrent fainting? • Had unexplained seizure problems? • Had unexplained drowning while swimming? • Had unexplained car accident? • Had a heart transplantation? • Had pacemaker or defibrillator implanted? • Been treated for irregular heart beat? • Had heart surgery?	Inherited cardiomyopathy such as hypertrophic, arrhythmogenic RV, dilated Inherited heart rhythm problem such as cardiac ion channel diseases (long and short QT syndrome, Brugada syndrome, Lenégre disease, catecholaminergic polymorphic VT)
• Has anyone in your family experience sudden infant death (cot death)? • Has anyone in your family been told they have Marfan syndrome?	Connective tissue disorders
<u>Physical Examination:</u> General - Radial and femoral pulses - Marfan stigmata Cardiac auscultation - Rate / Rhythm - Murmur: systolic / diastolic - Systolic click Blood Pressure	

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Diagnostic Tests: 12-lead rest ECG: (after onset of puberty)	Rhythm, conduction or repolarization abnormalities

The recommended investigations should be repeated once every two (2) years

Step 2: Selected cases with positive personal history, family history of potentially inherited cardiac disease, or positive physical or ECG findings in Step 1 require further evaluation by an age-appropriate cardiac specialist to qualify the athlete for sport participation.

Further evaluation may include trans-thoracic echocardiography, maximal exercise testing, and 24-hour ECG monitoring. Additionally, non-invasive screening of family members may provide valuable information about inherited cardiovascular disease.

Prior to the test, the athlete and, for minors, his/her legal representatives are entitled to receive proper information on the nature and objectives of the test, and on the medical consequences in case of positive results, in particular the need for further investigation, as well as the preventive and therapeutic measures. The athlete and his/her legal representatives should also be informed on the financing of the test and the medical follow-up.

Special care should be taken to ensure the privacy of the athlete. The results should be transmitted solely to the athlete and his/her legal representatives.

**KICKBOXING
FEDERATION OF
SINGAPORE**

END OF FORM