

MEDICAL DECLARATION FOR AMAZING MUAYTHAI WORLD FESTIVAL ATHLETES

The information contained in this medical history form will only be used by the the organizers of the 2026 Amazing MuayThai World Festival for purposes of determining if you pose a health risk to yourself in the ring and to review your past medical history in the event of a new emergency. This information will remain confidential at all times. Please complete this questionnaire with your physician. Print clearly.

PERSONAL INFORMATION									
LAST NAME:			FIRST NAME:			M.I.			
D.O.B.		AGE:		SEX:		NATIONALITY:			

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?									
CONDITION:	YES	NO	CONDITION:	YES	NO	CONDITION:	YES	NO	
BLEEDING OR OTHER BLOOD DISORDER			EPILEPSY/SEIZURE			CATARACTS			
OPEN WOUND/SUTURED CUT			BLURRED VISION			DIABETES			
HIGH TEMPERATURE/PYREXIA			HEARING LOSS			FAINTING			
HEADACHES/MIGRAINES			BALANCE PROBLEMS			DIZZINESS			
HIGH BLOOD PRESSURE			ASTHMA/BRONCHITIS			HERNIA			
ANY HEART CONDITION			RECURRENT NECK PAIN			HIV			
CHEST TRAUMA/RIB FRACTURE			RECURRENT BACK PAIN			HEPATITIS			
CHRONIC OR ACUTE INFECTIOUS DISEASE			MENTAL ILLNESS			PREGNANCY			

- 1) ARE YOU OVER THE AGE OF 40? YES: NO:
- 2) HAVE YOU HAD A FIGHT THAT ENDED IN KO OR TKO IN THE PAST 6 MONTHS? YES: NO:
- 3) HAVE YOU EVER TESTED POSITIVE FOR BANNED SUBSTANCES YES: NO:
- 4) ARE YOU CURRENTLY TAKING ANY MEDICATION? YES: NO:
**IF YES, PLEASE LIST ENSURE THAT YOU HAVE SUBMITTED A TUE FORM*
- 5) HAVE YOU HAD ANY TYPE OF SURGERY IN THE PAST 6 MONTHS? YES: NO:
- 6) HAVE YOU NEEDED IN-PATIENT TREATMENT IN THE LAST 6 MONTHS? YES: NO:
- 7) HAVE YOU RECEIVED TREATMENT FOR A BONE FRACTURE, FISSURE OR DISLOCATION IN THE LAST 6 MONTHS? YES: NO:
- 8) DO YOU NORMALLY WEAR EYEGLASSES OR CONTACT LENSES? YES: NO:
- 9) HAVE YOU EVER HAD BACK OR SPINAL SURGERY? YES: NO:

MEDICAL HISTORY STATEMENT

I have completed this medical history questionnaire and answered it truthfully and to the best of my knowledge. I am prepared to answer questions from (including athletic trainers, nurses, consultants, coaches, and coordinators) and general practitioners concerning this medical history and medical condition. I affirm also that I do not suffer from any disability, injury, condition, or complaint that I have not disclosed on this form. I further recognize the importance of accurately disclosing my physical condition, past and present, to the WBC MuayThai and the organizers of the 2025 Amazing MuayThai World Festival.

 ATHLETE SIGNATURE

*If athlete is a minor, to be signed by Parent/Guardian

____/____/____
 DATE

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ATHLETE: (SECTION 2: PHYSICIANS APPROVAL)

LAST NAME:	FIRST NAME:
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MEDICAL DOCTOR EXAMINATION & APPROVAL:

The applicant's medical fitness for the contact ring sport of MuayThai has been evaluated by physical examination and, if required (at the discretion (not mandatory) of the attending physician) by the use of radiology and laboratory facilities.

To be filled in by physician. Please record the athlete's weight with your remarks of whether the athlete is fully hydrated, and your evaluation of their under-skin body fat.

TO BE FILLED BY PHYSICIAN ONLY:						
Weight (KG/LBS):						
Level of Hydration by Physical Examination: (Please Tick One)	Normal Hydration:	<input type="checkbox"/>	Has Physical Signs of Dehydration:	<input type="checkbox"/>	Needs Urgent Rehydration:	<input type="checkbox"/>
Level of Subcutaneous Fat by Skin-Fold Pinch Examination: (Please Tick One)	Skinny:	<input type="checkbox"/>	Normal:	<input type="checkbox"/>	Fat:	<input type="checkbox"/>

This is to certify that is in good physical condition and not suffering from any injury, infection or disability liable to affect his/her capacity to box in the competitions of the full contact sport of MuayThai.

____/____/____

PHYSICIAN SIGNATURE

DATE

CLINIC ADDRESS: _____

TEL: _____ EMAIL: _____

CLINIC STAMP/SEAL:

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ATHLETE :		(SECTION 4: FEMALE NON-PREGNANCY DECLARATION)	
LAST NAME:		FIRST NAME:	

DECLARATION OF NON PREGANCY

***THIS SECTION IS TO BE COMPLETED BY ALL FEMALE ATHLETES ONLY**

1. DECLARATION OF NON PREGNANCY FOR FEMALE ATHLETES AGED 18 (EIGHTEEN) AND OVER

_____ / ____ / ____
PLACE **DATE**

NAME OF EVENT: _____

I,....., **declare that I am not pregnant.**

I understand the seriousness of this statement and accept full responsibility for it. In the event that this declaration is subsequently shown to be inaccurate or false and I suffer from any related injury or damage during the Event, I on behalf of my heirs, executors and administrators, waive and release any and all claims for damages I may have against the WBC MuayThai (including its officials and employees), the organizers of the Event (including the Local Organizing Committee and/or the Host) and the Competitions Venue owners for such injury or damage.

ATHLETE SIGNATURE

1. DECLARATION OF NON PREGNANCY FOR FEMALE ATHLETES AGED UNDER 18 (EIGHTEEN)

_____ / ____ / ____
PLACE **DATE**

NAME OF EVENT: _____

I,....., *am one of the parents/legal caretaker of*.....
(NAME OF PARENT/GUARDIAN) (NAME OF ATHLETE)
and declare, on her behalf that she is not pregnant.

I understand the seriousness of this statement and accept full responsibility for it in the event that this declaration is subsequently shown to be inaccurate or false and the above named athlete suffers any related injury or damage during the Event, I on Behalf of the above named athlete, her heirs executors and administrators, waive and release any and all claims for the above named athlete. Damages she may have against the WBC MuayThai (including its officials and employees), the organizers of the Event (including the Local Organizing Committee and/or the Host) and the Competitions Venue owners for such injury or damage.

PARENT/GUARDIAN SIGNATURE