

FEDERAL OFFICIAL MEDICAL CERTIFICATE FOR KYOKUSHIN KNOCK-DOWN CHAMPIONSHIPS

MEDICAL MANDATORY INFORMATION

I, hereby, Doctor _____, certify (M, Miss)⁽¹⁾ _____,
borned ____/____/_____, living in (Country) _____ is able to compete in
knock-down Kyokushin fighting or Technical Championship (available for the next 3 months).

I certify (for women) Miss _____ is not pregnant.

I informed the fighter of the drugs not allowed (positive in anti doping test). I hereby certify that the fighter
have the following disease : _____, which do needs the following drugs:

- Drug: _____, _____ per day during _____ days
- Drug: _____, _____ per day during _____ days
- Drug: _____, _____ per day during _____ days
- Drug: _____, _____ per day during _____ days
- Drug: _____, _____ per day during _____ days

Total of drugs = _____

Remarks

Place _____, date ____ / ____ /2____.

Official stamp & Signature

(Name, address and contact information must be clearly identified)

In case of necessity, you can contact for information the medical committee by mail

Bertrand Kron (English, French and Spanish) – fkok.kron@gmail.com