

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 Championship (available for the next 4 months).

- Systolic blood pressure (**must be** under 140 mm) - _____ mm
- Diastolic blood pressure (**must be** under 90 mm) - _____ mm
- Basic Heart Rate (**must be** under 85 ppm) - _____ ppm

Negative official HIV test must be joined for people 16 years old and over (last 30 days)

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 ____ / ____ /20____.

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

Arnold Van Oudvorst (English and Dutch) – drabvanoudvorst@ezorg.nl

Bertrand Kron (English, French and Spanish) – kyokushin@orange.fr