

LEGEATTEST (gyldig fra august 2015)



Attestens innholdsbeskrivelse:

Side 1: Oversikt. Legens underskrift her bekrefter at utøveren er undersøkt i henhold til sjekkpunkter på side 2 og 3 og ansees som skikket til å delta som utøver på aktiviteter i regi av Norges Kickboxing Forbund (NKBF) og World Association of Kickboxing Organizations (WAKO).

Side 2: Norsk del av legeattest (NKBF).

Side 3: Internasjonal del av legeattest. WAKO Medical Form.

Side 4: Retningslinjer for internasjonal legeattest. WAKO Medical Guideline.

Side 1, 2 og 3 skal inneholde legens underskrift, stempel og dato for når legesjekken ble utført.

Utøveren skal oppbevare og bringe med seg legeattestens side 1, 2 og 3 til alle aktiviteter, både nasjonalt og internasjonalt. Den skal forevises NKBF/WAKO på oppfordring.

Utøveren skal KUN laste opp side 1 via MedlemsPortalen på forbundets nettside for verifisering.

ERKLÆRING

_____ anses som kampdyktig i henhold til sjekkpunkter på attestens side 2 og 3.
Utøvers Navn

Jeg bekrefter herved at jeg har gitt alle relevante og sannferdige opplysninger til legen for å danne et korrekt grunnlag for utarbeidelse av denne attest.

Utøvers underskrift _____

Sted _____

Dato _____

Legens underskrift og stempel _____



Legeattest - Norges Kickboxing Forbund

Navn:		Født:		
Høyde:		Vekt:		
Historikk				
1	Hvilket år begynte utøver med kickboxing?			
2	Erfaring fra annen kampsport? Oppgi antall år og type.			
3	Tidligere hodeskader? (ja/nei)			
4	Tidligere ansiktskader?? (ja/nei)			
5	Sequeler? (ja/nei)			
6	Hvis ja på spørsmålene 3, 4 og/eller 5 - utdyp: (bruk baksiden hvis behov for mer plass)			
7	Antall kamper uansett kampsport? (gjelder KUN fullkontakt)			
8	Antall kamper stoppet pga hard kontakt mot hodet uansett gren (KO/TKO/RSC-H)			
Medisinsk historikk				
1	Kroniske sykdommer (hjerte, lunge, diabetes, epilepsi, blodsykdommer, etc.)			
2	Faste medisiner			
3	Plutselig død eller alvorlig hjertesykdom under 50 års alder i nær familie?			
4	Ved risikofaktorer for hjertesykdom/arytmi, rask palpabel puls eller uregelmessig aksjon ved hjerтеаuskultasjon, skal utøveren undersøkes med EKG.			
5	Gjennomførte operasjoner (type/dato)			
6	Planlagt operasjon /medisinsk behandling? (type/når)			
Øvrig status				
1	Neurologisk	Pupiller:	Øyebevegelse:	Synsfelt a.m. Donders:
		N. facialis:	Dysartri:	Dysdiadokokinese:
		Skjerpet Romberg:	Finger-nese:	Gange:
		Kraft:	Tempo:	
	Reflekser:	Biceps:	Triceps:	Patellar:
		Achilles:	Plantar:	
Annet				
1	Urinstix:			
2	Anmerkninger (bruk baksiden ved behov for mer plass)			
Dato:		Sted:		Legens underskrift og stempel:



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

MEDICAL FORM

Country Code	WAKO National Federation/Association Name	<input type="checkbox"/> Passport / <input type="checkbox"/> Identity Card No:
0 4 7	Norges Kickboxing Forbund (NKBF) / Norwegian Kickboxing Federation	

AD Number	Family Name	Given Name	Middle Name	Nationality/Citizenship

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

Skin exam:	Infection	
	Dermatologic disorders	
	lesions	
Head and Face:	Any bruises, scars, swellings or tenderness	
Eyes	Pupil Right	Pupil Left
	Distance vision: Right	Distance vision: Right
Ears	Hearing Right	Hearing Left
Throat:		
Nose:		
Teeth	(summary of dental examination)	
Neck:	Is it freely movable and without pain? Evaluation of lymphatic glands & thyroid	
Chest:	Any deformities	
Lungs:		
Heart	Rhythm	
	Size	
Extremities	With special attention to the hands:	
	Bones	
	Joints skin	
	nails	
Lung exam		
Neurological examination		
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 testical, hydrocele, varicocele, inguinal or femoral heria?	

DECLARATION: "I, the undersigned, declare on my honor that I am eligible and fulfil the Conditions stipulated by the Rules of WAKO."

SIGNATURE OF DOCTOR

_____ SIGNATURE AND SEAL PRESIDENT OR SECRETARY GENERAL OF NOC	_____ (DD/MM/YY) DATE
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_____ SIGNATURE AND SEAL OF PRESIDENT OR SECRETARY GENERAL OF WAKO NATIONAL FEDERATION/ASSOCIATION	_____ (DD/MM/YY) DATE
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This form must be typed and must be received by WAKO no later than _____



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

WAKO MEDICAL GUIDELINE

PRE-COMPETITION MEDICAL EXAMINATION BY WAKO NATIONAL FEDERATION/ASSOCIATION

1. Each WAKO National Federation/Association is responsible for health of his competitors.
2. Competitors must have the official consent of Doctor of medicine affiliated to NOC: fit to fight. The athletes participating in Kickboxing sports, should provide a medical certification signed by authorized Doctor of medicine affiliated to their country NOC (counter signed by NOC), in which it is stated that prior to leaving his/her country the athlete was in good physical condition and not suffering from any injury, infection or disability label to affect his/her capacity to compete in Kickboxing competition.
3. The authorized Doctor of medicine affiliated to NOC, among all other examination must proceed the following examines:
 - Skin exam: infection, dermatologic disorders, lesions,
 - Head and face: eyes, nose, ears. Special attention to recent trauma! (Summary of Dental examination)
 - Extremities, with special attention to the hands: bones , joints skin and nails
 - Heart examination (very important!) in consent with the Lausanne Recommendation of the IOC to prevent Sudden Death in Athletes. (For more information visit website of the IOC)
 - Lung exam. (Bronchitis, pneumonia): (these are contraindication for all kind of competition)
 - Exam. Of abdomen and genitalia (in male): with the special attention to testicle!
 - Neurological examination: facial nerve, index-nose, Romberg etc.

If one of these examines is positive, the athlete is not allow to compete and can not be declared fit to fight.

4. All necessary examination described above and any other additional examination and all results need to be registered by Doctors of medicine affiliated to NOC conducting the examination and keep in written documents attached to the WAKO passport.
5. In addition every contestant must have medical examination from the place set by WAKO and must have medical examination and weigh-in before each day of the competition.

WORLD ASSOCIATION OF KICKBOXING
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