



美國國術總會

United States Kuo Shu Federation

President:
Grandmaster Huang, Chien-Liang

會長:
黃乾量

2015 LEI TAI (FULL CONTACT FIGHTING) PRE-PARTICIPATION HEALTH QUESTIONNAIRE

Part A: Health History Questionnaire - to be completed by participant and reviewed with licensed MD.

Part B: Physical Evaluation – to be completed by licensed provider with MD or equivalent.

Bring both completed forms to Lei Tai weigh-in/registration on 24 July 2015 at the tournament site. You may also send these materials by fax or mail, however, the tournament staff must have received these papers to process your registration for the Lei Tai event. If you intend to fax or mail these forms, we highly recommend that you bring your own copy to the tournament site, to insure completion of your registration.

Questions regarding these forms or the Lei Tai competition generally may be sent to leitai@usksf.org.

Part A: Health History Questionnaire (completed by participant) **Document MUST be completed on or after June 26, 2015**

Today's Date: _____

Participant Name: _____ Gender: M F Age: _____

Date of Birth: _____ Country: _____

Emergency contact during competition: _____

Relationship: _____

Phone number of contact during competition: _____

Please answer the following questions about your medical history. Explain all "yes" responses below.

Have you ever or do you currently have:

- | | |
|---|-------|
| 1. Restriction from sports for a health related problem? | Y / N |
| 2. A chronic or ongoing illness (such as diabetes or asthma)? | Y / N |
| 3. Surgeries or hospitalization? | Y / N |
| 4. Any medications that you take on a regular basis? | Y / N |
| 5. Any allergies to medications? | Y / N |
| 6. Seizures or head injuries? | Y / N |
| 7. Restrictions from sports for heart problems or a heart murmur? | Y / N |



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Explain all "yes" answers to questions 1 -7 here (attach extra pages, if required):

List all current medications here:

I, (print name), attest that I have completed the requested health history questionnaire thoroughly and truthfully to the best of my knowledge.

Furthermore, I understand and agree that participation in the 2015 Lei Tai full contact fighting event will require me to provide this questionnaire, and the results of a physical examination to the tournament staff. I release Huang, Chien-Liang, the United States Kuo Shu Federation, Inc., their officials, agents, representatives, employees, and all other related members from liability due to any disclosure of my medical condition.

Competitor's Name

Date



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Part B: Physical Evaluation (completed by licensed MD or equivalent) Document **MUST** be completed on or after June 26, 2015

Athlete's Name _____ Birth Date _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____/_____

Physical Examination

	Normal	Abnormal Findings
Head, Ears, Eyes, Nose, Throat (HEENT)		
Lungs		
Heart		
Abdomen		
Skin		
Musculoskeletal		
Neurologic		

Results and date of HIV testing:

Results and date of Hepatitis B testing:

Results and date of pregnancy test (women only):

Results and date of Hepatitis C testing:

Pertinent current medical conditions:

Medications:

Notes:

1. No pregnant competitors will be permitted to compete in the Lei Tai full contact event.
2. Prior immunization for Hepatitis B and/or Hepatitis C will not be accepted as a substitute for current Hepatitis B and Hepatitis C test results.



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Medical Clearance

☐ Cleared

☐ Not Cleared _____

I certify that on this date I have examined this athlete and, on the basis of the exam and the medical history furnished to me, I have found no reason that would make it medically inadvisable for him/her to compete in the Lei Tai full contact fighting event during the period of 24 July to 26 July 2015.

Physician's Name (Print)

Examiner's signature

Date

Physician's Address and phone number

License Number: _____