

## Kata & Kumite - Karate Competitors

~ read and sign ~

All kumite competitors are required to submit a medical report. This report shall be in two parts. Part A shall be a medical history questionnaire that each kumite competitor shall complete. Part B shall be a medical examination report to be completed by a licensed physician, and is required of kumite competitors who have significant health problems as related in Category 1, Part A. If the answers to part A Category 1 are all 'No', then part B need not be completed.

The medical report must be submitted to Karate BC at least 3 weeks prior to the event for review by the medical director.

The medical director will determine if a competitor is or is not medically fit to compete in Kumite. Please note that no medical examination report is required of Kata-only competitors.

All competitors should be aware of the following:

1. No tapes, splints or protective equipment may be worn during kumite matches without the approval of the tournament medical director. Exceptions are approved protectors, e.g., scrotal protectors, fist protectors, and shin pads. A mouth guard is compulsory for kumite competitors.
2. Approved safety sports glasses will be permitted. Athletes who compete in international competitions may not be permitted to use safety sports glasses, but may be required to use soft contact lenses pursuant to international rules. Regular eyeglasses are not allowed in Kumite.
3. If a competitor is injured during a match and is determined to be medically unable to continue that match, he may not compete in another match during the same tournament without first obtaining medical clearance from the tournament medical director.
4. Disqualification following an injury may result in either the injured competitor or his opponent being declared the winner. The circumstances under which the injury occurred will be considered by the referee and judges in deciding who is the winner.
5. In the interest of safety, all finger and toenails must be trimmed short.
6. No personal jewelry may be worn during kumite, including jewelry in non-visible areas.
7. All competitors are advised to see their regular physician for follow-up medical examination of injuries suffered during the tournament. It should be noted that the full extent of some injuries may not manifest themselves until some time following the injury, e.g., abdominal injuries or head injuries. Hence, anyone who has continuing symptoms or who is concerned about an injury should consult his or her physician.

### Acknowledgment and Release

By his/her signature below, the Tournament Competitor ('Competitor') or Parent/Guardian if under 19 years of age, acknowledges that he/she has read the 'Note to Karate Competitors' above, and that the requisite information required in this form has been disclosed. The Competitor expressly confirms that he/she has disclosed all illnesses, injuries, ailments, symptoms, or medical conditions of any kind whatsoever suffered or sustained by the Competitor as requested in the Medical Examination Report. It is also understood that the Competitor will consult his/her physician for a physical examination should an examination be requested by the Tournament Medical Director.

Furthermore, the Competitor hereby releases Karate BC, its employees, agents, successors, assigns, directors or volunteers from any and all liabilities arising out of or connected with any loss, damage, injury or expense suffered or sustained by the Tournament Competitor as a consequence of or in connection with his/her participation in the Tournament Competition or any activity related thereto.

Check Please: A) I am competing in Kata

B) I am competing in Kumite / Team Kata

If you checked box "B" please fill out "A" of the Medical Examination Report

<p><b><u>BLACK BELT INSTRUCTOR:</u></b></p> <p>Name _____</p> <p>Signature _____</p> <p>Dojo Name _____</p>	<p><b><u>All Information Required</u></b>      <b><u>COMPETITOR:</u></b></p> <p>Karate BC Membership # _____</p> <p>BC Care Card # _____</p> <p>Name _____</p> <p>Address _____</p> <p>Signature (Guardian if under 18 years of age) _____</p>
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*Privacy Disclosure: Medical and personal information contained within will be available for review by members of the Association's Medical committee and their assistants. In the event of injury, a competitor's information may be shared with health care providers assisting that athlete. Signing this form gives consent to said use of a competitor's personal information.*

*\*Results from this event may be published in media, Karate BC publications, or internet.*

*Please sign to indicate that you give permission for your name, photograph(s) or video to be included in any publication format, including tournament results if placed.*

I give permission for my name or my child's name and photo(s) to be used in any publication, including tournament results if placed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature (Parent/Guardian if under 19 years of age)

**Karate BC**  
**MEDICAL EXAMINATION REPORT**  
**Part A – to be completed by all Kumite and Team Kata competitors**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male / Female

Address \_\_\_\_\_

Club Affiliation \_\_\_\_\_ Rank \_\_\_\_\_

**Category 1**

- |  |          |
|--|----------|
| 1. Have you had a head injury within the past year?                  | Yes / No |
| 2. Do you have fainting spells, blackouts or epilepsy?               | Yes / No |
| 3. Do you have any active lung infection including TB?               | Yes / No |
| 4. Do you have an active kidney disease, infection or failure?       | Yes / No |
| 5. Do you have hepatitis, AIDS/HIV or any other blood borne disease? | Yes / No |
| 6. Have you had any recent operations, fractures or major illness?   | Yes / No |

**Category 2**

- |  |  |
|--|--|
| 1. Do you have any disease or disability not mentioned above?  | Yes / No                               |
| 2. Do you have a hearing loss?                                 | Yes / No                               |
| 3. Do you have bronchial asthma? List treatment below.         | Yes / No                               |
| 4. Do you have any heart disease or high blood pressure?       | Yes / No                               |
| 5. Do you have any loss of all or part of a limb?              | Yes / No                               |
| 6. Do you have decreased movement in any limb, joint or spine? | Yes / No                               |
| 7. Do you have any muscle or joint disease?                    | Yes / No                               |
| 8. Do you have diabetes?                                       | Yes / No                               |
| 9. Are you taking any medication?                              | Yes / No If <u>yes</u> list here _____ |
| 10. Do you have allergies to any medications?                  | Yes / No If <u>yes</u> list here _____ |
| 11. Have you any disease of the eyes?                          | Yes / No                               |

If you answered "Yes" to any of the Category 1 questions above, give details and obtain medical clearance from your physician to compete. (Information provided not confidential)

\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that I have read the above information and that, to the best of my knowledge, it is complete and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Competitor's Signature (Parent/Guardian if under 19 years of age)

**Karate BC**  
**MEDICAL EXAMINATION REPORT**  
**Part B – to be completed by examining physician**

Name: \_\_\_\_\_

Weight: \_\_\_\_\_

Did you weigh? Yes/No

Height: \_\_\_\_\_

Did you measure? Yes/No

**Pertinent Medical History:**

	Normal	Abnormal	Details of Positive Findings
1. Eyes (lids conjunctiva, cornea, pupils, fundi)			
2. Ears (auditory canals, tympanic membranes, patency of Eustachian tubes)			
3. Nose, throat (airway, speech impediment, tonsils, etc)			
4. Nervous system (Concussion sequelae; Tendon reflexes, tremors, gait)			
5. Respiratory system (Thorax, lung fields)			
6. Cardiovascular system (Heart size, rhythm, sounds, murmurs: peripheral circulation and varicosities)			
7. Gastro-intestinal system (abdominal scars, enlarged organs or hernia, hemorrhoids)			
8. Genito-urinary system (Varicocele, hydrocele, particularly with hernia)			
9. Locomotor system (amputations, deformities, restriction of movement of limbs or spine)			
10. Lymphatic system and thyroid			
11. Skin (including evidence of allergy)			
12. Blood pressure readings:	1st	Additional	
	s. _____	_____	
	d. _____	_____	
13. Pulse: _____			

**VISUAL EXAMINATION**

	a) Distant Vision	b) Near Vision
Right Eye	/ corrected to /	/ corrected to /
Left Eye	/ corrected to /	/ corrected to /
Both Eyes	/ corrected to /	/ corrected to /

Examining physician's opinion: The Karate student named above is medically \_\_\_\_\_ fit / \_\_\_\_\_ unfit to participate in competitive free sparring or Team Kata Bunkai.

Examining physician's name and address (use rubber stamp if available)

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date

## **Contra-Indications to Athletic Participation in Sports**

Contact Sports: Karate, Football, Wrestling, Basketball, Baseball, Soccer, Rugby, Lacrosse, Boxing, Hockey, Judo		
	<b>Absolute Contra-indications</b>	<b>Relative Contra-indications</b>
Neurological	<ol style="list-style-type: none"> <li>1. Concussion symptoms post head trauma during tournament - out of tournament</li> <li>2. Two episodes of concussion symptoms post head trauma in last 12 months – out for one calendar year from last episode.</li> <li>3. Three episodes of concussion symptoms post head trauma in the athlete's lifetime - out of contact sports</li> </ol>	<ol style="list-style-type: none"> <li>1. Epilepsy (convulsions) if well controlled - no seizure one year – participation permitted</li> <li>2. A major convulsion after head injury without evidence of epilepsy – this is in concussion category; i.e. two convulsions – out for a predetermined amount of time</li> </ol>
Eye	<ol style="list-style-type: none"> <li>1. Blindness in one eye</li> <li>2. Recent intraocular operation</li> <li>3. Presence of intraocular lens</li> </ol>	<ol style="list-style-type: none"> <li>1. Retinal detachment – ophthalmological consultation mandatory</li> <li>2. Active eye infection, e.g. conjunctivitis</li> <li>3. Defective lid closure</li> <li>4. Corneal anesthesia</li> </ol>
Respiratory	<ol style="list-style-type: none"> <li>1. Any active lung infection including TB</li> </ol>	<ol style="list-style-type: none"> <li>1. Bronchial asthma – participate to tolerance</li> </ol>
Cardio-vascular	<ol style="list-style-type: none"> <li>1. Abnormal enlargement of the heart</li> <li>2. Heart murmurs recognized as               <ol style="list-style-type: none"> <li>a) Mitral stenosis</li> <li>b) Aortic stenosis</li> </ol> </li> <li>3. Infection in the heart</li> </ol>	<ol style="list-style-type: none"> <li>1. Resting blood pressure over 140 systolic and 90 diastolic (high blood pressure) – investigate before participation</li> </ol>
Endocrine		<ol style="list-style-type: none"> <li>1. Diabetes if poorly controlled</li> </ol>
Abdomen	<ol style="list-style-type: none"> <li>1. Partially descended testis in position subject to injury</li> <li>2. Any enlarged major abdominal organ (liver, spleen, kidney)</li> </ol>	<ol style="list-style-type: none"> <li>1. Inguinal hernia (rupture)</li> </ol>
Genital Urinary System	<ol style="list-style-type: none"> <li>1. One kidney missing or seriously damaged</li> <li>2. Active kidney infection</li> </ol>	<ol style="list-style-type: none"> <li>1. One testicle missing</li> </ol>
Musculo Skeletal	<ol style="list-style-type: none"> <li>1. Incomplete healing of wrist fracture</li> <li>2. Arthritis in the back (vertebrae column)</li> <li>3. Active hip disease</li> </ol>	<ol style="list-style-type: none"> <li>1. Instability of knees</li> <li>2. Recurrent shoulder dislocation</li> <li>3. Osgood Schlatters if pain present on Movement</li> <li>4. Amputees</li> </ol>
Hematological	<ol style="list-style-type: none"> <li>1. Coagulation defects</li> </ol>	
Skin		<ol style="list-style-type: none"> <li>1. Active bacterial infection</li> <li>2. Active herpes simplex (cold sores)</li> <li>3. Severe cystic acne</li> </ol>

**Take this reference to physician if completion of Medical Examination Report is required.**