Medical History and Clearance Form

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Ratified By	Member Clubs
Prepared By	National Coach – Reinaldo Novoa
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1. Purpose

To ensure all National Team athletes are medically fit to train and compete at high intensity, identifying any conditions that require management or exclusion from activity.

2. Athlete Information

Name		**DOB**	
Gender		**Club**	
Emergency Contact		**Relation**	
Contact Phone			

3. Medical History (To be completed by Athlete)

Please indicate if you haven ever had or currently have any of the following:

Condition	Yes	No	Details (if Yes)
Asthma / Respiratory Issues	☐	☐	
Heart Condition / Murmur / Chest Pain	☐	☐	
High Blood Pressure	☐	☐	
Seizures / Epilepsy	☐	☐	
Concussion / Head Injury (Past 12 months)	☐	☐	
Bone / Joint Injuries (Knee, Shoulder, Back)	☐	☐	
Allergies (Drug, Food, Insect)	☐	☐	
Current Medications	☐	☐	
Any other significant illness/surgery	☐	☐	

Athlete Declaration: I certify that the information above is correct and I have not withheld any information regarding my health.
Signature: _____ **Date:** _____

4. Physician's Evaluation
(To be completed by a Medical Doctor)

*Doctor: Please evaluate the athlete for participation in **Judo**, a high-contact combat sport.*

Vitals:

Height: _____ cm
Weight: _____ kg
BP: _____ / _____
Pulse: _____ bpm

System Review:

Cardiovascular: □ Normal □ Abnormal: _____
Respiratory: □ Normal □ Abnormal: _____
Musculoskeletal: □ Normal □ Abnormal: _____
Neurological: □ Normal □ Abnormal: _____

Recommendation:

□ **CLEARED** for full participation without restriction.

□ **CLEARED WITH RESTRICTIONS**:
_____

□ **NOT CLEARED** pending further evaluation:
_____

Physician Details:

Name: _____ **Stamp/License #:** _____
Signature: _____ **Date:** _____