



SA Wrestling Federation Stoeifederasie

MEDICAL COUNCIL

MEDICAL EXAMINATION FORM

(To be completed by Medical Practitioner in full before signing off of the FILA book or before participation in International Competitions)

I, Dr certify that I have medically examined

Name of Wrestler : ID No:

Age : Competition Weight :

Results of Examination

Blood Pressure : Blood Sugar Level :

Possible Infections : YES / NO Current weight :

If answers is YES, please give more details :

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General Appearance of wrestler :

Note : Ideally there should not be a weight burden of more than 5% of the body weight, with a maximum of 3 kg. In cases of gross overweight, the SAWF medical council has the right to recommend to the team manager that the wrestler remains at home.

Recommendations :

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Signed at..... Today20

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Signature

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Please Print Initials & Surname

Qualifications

Practice Number