



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

.....
Please Print Initials & Surname

Qualifications

Practice Number