



Medical card

Name:

Given name:.....

Only to be completed if changes or not yet communicated to I-Karate Global vzw
Do you have to report any restrictions, chronic disorders or illnesses?

(e.g. autistic spectrum, epilepsy, asthma, diabetes, cardiovascular disease, rheumatism, etc.) :

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Please provide information if you need any necessary support or assistance in connection with
this restriction, disorder or disease :

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Give details of use specific medication(including dose and frequency):

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Give details of any hypersensitivities or allergies? (e.g. food allergy, medication allergy, etc.) :

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Have you been vaccinated against tetanus?: Yes/No Year :

Blood type:Name & telephone number of your physician

Points of particular interest related to social interaction, etc. you have to report to avoid any
risks? :

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Please bring along your medical certificates to the registration. They can give us more
information about your disability : e.g. visual disability, mental disability, physical disability.

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Date

Signature athlete

Signature parent, carer

