



**Annual Medical for CASK Passport/Sticker**

Mail original form and payment to CASK.

EMAILED COPIES NOT ACCEPTED.

Submit to CASK at least 14 days before event. Rush fee applies if received less than 14 days before event.

No applications accepted week of event.

1. Athlete completes Parts 1 and 2.
2. Athlete's doctor completes Part 3.
3. Athlete submits this entire application/medical to club.
4. Club keeps one copy for club file and mails original form *with payment* to the CASK office.
5. If application is approved, CASK mails the passport/sticker to club within 2 weeks of receiving application.

**\*\*MEDICAL MUST BE RECEIVED BY CASK OFFICE WITHIN THREE MONTHS OF THE DATE CONDUCTED\*\***

**PART 1 ATHLETE INFORMATION** To be completed by Athlete or Parent/Guardian

Have you submitted your CASK membership form? Yes  No, it's attached  Are you under 18

Club name: \_\_\_\_\_ DOB: dd mm yy \_\_\_\_\_ How old are you? \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Male  Female

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

**Passport details**

Are you applying for passport or a sticker? Passport  (attach a labeled passport-size photo) Sticker

Age category? Jr. A (10-12)  Jr. B (13-15)  Intermediate (16-18)  Sr. (19-39)  Veteran (40 or over)

How many CASK bouts have you had?

How many *non-CASK full contact* bouts have you had? \_\_\_\_\_ What Discipline? \_\_\_\_\_

**Payment**

Passport or sticker  \$25

RUSH Fee  \$75

If CASK receives your medical at least two weeks (14 days) before the event, there is no rush fee.

If CASK receives your medical the week before (14-7 days before) the event, a \$75 RUSH fee applies.

***No medicals are accepted the week of an event.***

Cheque / money order  Credit card Cardholder: \_\_\_\_\_

payable to CASK Card #: \_\_\_\_\_ Exp date: \_\_\_\_\_



International Federation

**BUREAU NATIONAL / NATIONAL OFFICE**

5008 South Service Road, Burlington, Ontario, CANADA, L7L 5Y7  
Phone: 905-681-9815 - Email: [nhq@kickboxingcanada.org](mailto:nhq@kickboxingcanada.org)



National Sporting Organization

**PART 2 MEDICAL HISTORY** To be completed by Athlete or Parent/Guardian

	No	Yes, explain
1. Eye or ear impairment, infections or fever		
2. Rheumatic fever, T.B., pleurisy or asthma		
3. Kidney or urine disorder		
4. Problem or condition with a paired organ		
5. Diabetes Mellitus		
6. Indigestion, vomiting, abdominal cramps		
7. Nervous breakdown		
8. Acute infections or communicable disease (e.g. HIV/AIDS)		
9. Musculoskeletal Injuries		
10. Head injury or concussions		
11. Seizures or epilepsy in self		
12. Seizures or epilepsy in family member		
13. Suspensions from boxing/kickboxing for medical reasons		

Signature of Athlete or Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PART 3 MEDICAL EXAM** To be completed by Physician

Patient name:		DOB: dd	mm	yy
Weight	Height	Expiration	Inspiration	
Vision right eye /20	Vision left eye /20	Color Vision	Field of Vision	
Ears (state of T.M.S. and Degree of Deafness)				
Teeth (any braces?)		Hernia or organomegaly		
Abnormality in Chest, Heath, B.P., or C.N.S				
<b>Male:</b> Undescended testis, cryptorchidism				
<b>Female:</b> Breast lesions, bleeding, masses, other dysfunction, pain				
Abnormality in menstrual pattern, amenorrhea, lower pelvic pain				

 Is this person fit to participate in amateur kickboxing? Yes  No  (explain) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office stamp**

Physician name:

Office Address:

Office Phone:

Office Fax:

MEDICAL WILL NOT BE  
 ACCEPTED WITHOUT THE STAMP  
 OF THE ATTENDING PHYSICIAN  
 ON THE ORIGINAL COPY

**PART 4 CLUB SIGN OFF** To be completed by Club Owner

 This person is a member of my club and I believe the information on this form is true and accurate. Yes 

 I have made a copy of this form and placed on file at my club. Yes 

Club Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_

