

International Federation of Karate Australia Inc

IFK Australia Medical Form **For Full Contact Tournament Competitors** **(18 years and over)**

I, Doctor
(Please print doctor's name)

have examined Mr / Ms
(Please print participant's name)

I certify that the person named above is able to
withstand the rigours of Full Contact Karate
competition.

Doctor's signature:

..... Date :

Place Doctor's practice stamp or details here.