

Canada Shotokan Karate  
Medical Information Form

Name: \_\_\_\_\_

Rank: \_\_\_\_\_

Dojo: \_\_\_\_\_

No. of Special Trainings: \_\_\_\_\_

A. Medical Conditions (list all that might affect your practice):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(if more space is needed attach a separate piece of paper)

For each condition you **MUST** attach a doctor's signed note approving your participation in Special Training. If you do not attach a note for each condition, you will not be allowed to attend Special Training.

B. Are you taking any drugs or other medication for any of these conditions or any other condition? If yes, please describe the medication, how often you must take it and what its side effects are.

<b>Drugs/Medication</b>	<b>Side Effects</b>
1. _____	_____
2. _____	_____
3. _____	_____

C. Are you currently undergoing any kind of therapy? If yes, please describe what therapy you are undergoing and why.

\_\_\_\_\_

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dojo leader's signature: \_\_\_\_\_

Date: \_\_\_\_\_