

DANISH OPEN 2019

Health information for (name): _____

Age: _____ years Sex: Male Female Weight: _____, _____ Kg

Do you use visual correction? No Yes glasses
Yes contact lenses

Do you take any medicine - (if yes, write medicine, doses, etc. on the back of this paper)

Diabetes? No Yes
Allergy? No Yes
Asthma? No Yes
Epilepsy? No Yes
Cardio-vascular disorders No Yes
Do you use any other medication? No Yes

Have you been unconscious before? No Yes date: _____

Do you suffer from any present or previous injuries?
No Yes Which _____

Do you feel in good health? Yes No

Other relevant health information: _____

For female only:

Pregnant/signs of pregnancy? No Yes = PARTICIPATION NOT ALLOWED

Incorrect or missing statements may cause rejection of your participation in DANISH OPEN 2015.

Supportive and protective bandages are not allowed in the first fight. One of the official doctors must authorize all bandages before use. Participation in DANISH OPEN 2019 is at the fighter's own risk.

I accept the statements above and declare my information is correct.

Date: _____ Fighters Signature: _____