



The German Kuo Shu Federation

Medical certificate

Athlete (to be completed by the athlete)

Name: _____ First name: _____

Consent form

I give my consent to the sports medical examination and to the storage of the health problems raised. My personal data must be blocked for all user groups, except for the responsible association or sports doctor. I hereby consent to my trainer and third parties being given notices that are important for the organization of training and competitions, as well as the forwarding of my personal data.

Persons under the age of 18 who are capable of judgment require the written consent of their legal representative.

Date, signature of the athlete / legal representative:

Medical assessment (to be completed by the doctor)

Examining doctor

Name, First name: _____

Address: _____

Telephone: _____ E-Mail: _____

Conducted mandatory examination

- Sports medical examination (according to TGKSF form)
- or**
- General medical examination (according to doctor's suggestion form)

- Resting ECG
- Stress ECG

- EEG (mandatory after a protection ban as a result of a knockout)

The forms used were brought by the competitor! The documents of the medical examination are not available to the examining doctor.



The German Kuo Shu Federation
Medical certificate



Competitiveness

- Suitable for competitions including full contact
- Suitable for competition without full contact
- NOT suitable for competition

Remarks / Restrictions / Medications:

Date, signature and stamp of the examining doctor