

**Canada Shotokan Karate
Medical Information Form**

Name: _____ Rank: _____

Dojo: _____ No. of Previous Special Trainings: _____

A. Medical Conditions (list all that might affect your practice-if more space is needed, then write on the back or attach a separate piece of paper):

Medical Condition	Symptoms	Doctor's Note approving participation for this condition attached (yes/no) ¹

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.

Medical Condition	Drugs/Medication	How Often it is Taken	Side Effects

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: _____

Participant's age as of the date of signature: _____.

¹ 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.