

# SHOTOKAN KARATE OF AMERICA

## MEDICAL INFORMATION

|   |  |
|---|--|
| Name: _____   | Rank: _____  |
| Dojo: _____   | # of Special Trainings: _____                            |
| Medical Condition:  |  |
| 1. Are you under a doctor's care for this condition?                | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 2. Do you have your doctor's permission to attend Special Training? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| If no, explain: _____   |  |
| 3. Please list medications you are required, or indicate "none".    |  |
| (1) _____   | (2) _____  |
| (3) _____   | (4) _____  |
| 4. Do you have any training restrictions?                           | <input type="checkbox"/> yes <input type="checkbox"/> no |
| If yes, describe: _____   |  |
| 5. Have you read and understood the Indemnity Agreement?            | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Signature: _____  | Date: _____  |
| Received by: _____  |  |
| Date: _____   |  |
| Restricted Practice?  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| If yes, explain: _____  |  |
| _____   |  |
| _____   |  |