

Certificado Medico

Competitor's Name : _____

Date of Birth : _____

Country : _____

1. General Health : The above-mentioned competitor is in good health and presents no medical conditions that would prevent participation in the Kyokushin World Championship.

2. Physical Condition : The competitor has an adequate level of physical fitness and strength to participate without significant risk.

3. Cardiac Health: The competitor's heart rate, blood pressure, and overall cardiac health are within normal limits and do not represent an obstacle to participation.

Systolic blood pressure (must be below 135 mm) : _____ mm

Diastolic blood pressure (must be below 85 mm): _____ mm

Heart rate (must be below 85 bpm): _____ bpm

4. Medication Use: The competitor is not taking any medication that could affect participation.

Date: _____

Physician's Signature : _____