



# WAKO SERBIAN KICKBOXING FEDERATION



Country Code / Oznaka zemlje	WAKO National Federation / <i>Nacionalni kik boks savez</i>	<input type="checkbox"/> Passport No. <i>Pasoš br.</i>	<input type="checkbox"/> Identity card No. <i>Lična karta br.</i>
<b>S</b>	<b>R</b>	<b>B</b>	<b>SERBIAN KICKBOXING FEDERATION / KIK BOKS SAVEZ SRBIJE</b>

AD Number <i>Reg.broj</i>	Given name / <i>Ime</i>	Family name / <i>Prezime</i>	Middle name / <i>Srednje ime</i>	Nationality / Citizenship <i>Državljanstvo / Boravište</i>
				<b>SERBIA / SRBIJA</b>

Gender / <i>Pol</i> <b>M - F / M - Ž</b>	Pulse (/min) <i>Puls (/min)</i>	Blod Pressure (mmHg) <i>Pritisak (mmHg)</i>
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Skin exam / <i>Pregled kože</i>	Infection / <i>Infekcije</i>		
	Dermatological disorders / <i>Dermatološki poremećaji</i>		
	Lesions / <i>Povrede</i>		
Head and face / <i>Glava i lice</i>	Any bruises, scars, swellings or tenderness / <i>Modrice, ožiljci, otok ili bolna mesta</i>		
Eyes / <i>Oči</i>	Pupils, Right / <i>Zenice, Desno</i>		Comea, Left / <i>Rožnjača, Levo</i>
	Distance vision: Right <i>Vid na daljinu: Desno</i>		Distance vision: Left <i>Vid na daljinu : levo</i>
Ears / <i>Uši</i>	Hearing Right / <i>Sluh desno</i>		Hearing Left / <i>Sluh levo</i>
Throat / <i>Grglo</i>			
Nose / <i>Nos</i>			
Teeth / <i>Zubi</i>	Summary of dental examination / <i>Rezime dentalnog pregleda</i>		
Neck / <i>Vrat</i>	Is it freely movable and without pain? / <i>Slobodno pokretan i bez boli?</i>		
	Evaluation of lymphatic glands thyroid / <i>Procena limfnih žlezda i štitne žlezde</i>		
Chest / <i>Grudi</i>	Any deformities / <i>Deformiteti</i>		
	Lungs / <i>Pluća</i>		
	Heart - Rhythm / <i>Srce - otkucaji</i>		
	Heart - Size / <i>Srce - veličina</i>		
Extremities / <i>Ekstremiteti</i>	With special attention to the hand / <i>Posebna pažnja na ruke</i>		
	Bones / <i>Kosti</i>		
	Joints skin / <i>Koža na zglobovima</i>		
	Nails / <i>Nokti</i>		
Neurological examination / <i>Neurološki pregled</i>			
Locomotor System / <i>Lokomotorni sistem</i>	Any scars, tenderness, swellings, muscular atrophy, restrictions or laxity of joints, any deformities of the neck of restriction of spinal mobility? / <i>Ožiljci, bolna mesta, otok, mišićne atrofije, ograničenja ili labavost zglobova, deformacije leđa ili ograničenja leđne mobilnosti?</i>		
Nervous System / <i>Nervni sistem</i>	Any tremors or eyelids, tongue or outstretched fingers? / <i>Drhtanje, treptanje, jezik ili ispruženi prsti?</i>		

**COMPETITOR IS - NOT MEDICALLY FIT TO KICKBOXING TRAININGS AND FIGHTS / TAKMIČAR JE - NIJE ZDRAVSTVENO SPOSOBAN ZA KIK BOKS TRENINGE I TAKMIČENJA**

DECLARATION: I, the undersigned, declare on my honor that I am eligible and fulfill the Conditions stipulated by the Rules of WAKO.  
IZJAVA: Ja, dole potpisani, izjavljujem da sam ovlašćen i da ispunjavam uslove propisane WAKO Pravilima

Date (dd/mm/yy) / <i>Datum (dd/mm/gg)</i>	Signature and seal of doctor / <i>Potpis i pečat doktora</i>
	Signature and seal of President or General secretary / <i>Potpis i pečat Predsednika ili Generalnog sekretara</i>