



MEDICAL RULES



Appendix 8. Medical Emergency Report



**WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS**

Medical Emergency Report

Event:	Date:	Time:
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Name & Surname	Date of Birth:	ID-Nr./Nation
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Address:	Tel.	Insurance-Nr.
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Diagnosis / Injury and Physical Examination

History

Treatment

Sent to hospital / Contact with

For acceptance:

Kickboxer's signature:

Coach's signature

Doctor's signature and stamp

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