



VETERAN MEDICAL CERTIFICATE

Article 5.1 of the General Regulations for the World Championships Veteran provides:

“Each wrestler shall pass a medical examination in his own country one week before the competition start date. A UWW Veteran Medical Certificate should be filled and signed by an official medical doctor appointed by the National Federation. This form must be delivered to UWW doctor of the competition at the pre-weighing medical examination”.

UWW EVENT

Event

Place / Date...

WRESTLER

Surname:

Date of Birth (Day/Month/Year):

Nationality:

Address:

Phone Number:

E-mail:

First Name:

Sex:

MEDICAL ASSESSMENT SUMMARIES

1. General Examination:

A- Medical History:

- Normal
- Abnormal - Please specify: ...

B- Routine Lab Tests:

- Haemoglobin, Haematocrit, Erythrocytes, Thrombocytes, Leukocytes, C-reactive Protein, Glucose, Creatinine, Uric Acid, Triglycerides, Cholesterol (total, LDL, HDL), Creatine phosphokinase, Sodium, Potassium, Calcium, Phosphor, Urine Analysis
 - Normal
 - Abnormal - Please specify: ...



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C- Skin Inspection:

- Normal
- Abnormal - Please specify: ...

D- General Health:

- Normal
 - Eligible to wrestle with considerations
 - Non eligible to compete
- Please specify: ...

Examining Doctor: Surname & Name:
Address:
Date:
Signature:

3. Cardiovascular Examination:

- Physical examination, Chest x-ray, Heart rate & rhythm, Blood Pressure, Electrocardiography, Echocardiography
 - Normal
 - Eligible to wrestle with considerations
 - Non eligible to competePlease specify: ...

Examining Doctor: Surname & Name:
Address:
Date:
Signature & Stamp:



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4. Orthopaedic Examination:

- Spine (cervical, thoracic lumbar), Shoulder, Arm, Elbow, Forearm, Wrist, Hand, Fingers, Hip, Thigh, Knee, Lower leg, Ankle & Foot
 - Normal
 - Eligible to wrestle with considerations
 - Non eligible to competePlease specify: ...

Examining Doctor: Surname & Name:
Address:
Date:
Signature & Stamp:

5. Medical Certification

I certify that this wrestler:

- Has no apparent contraindication to practice wrestling in competitive level.
- Is not recommended to practice wrestling in competitive level.

Certifying Doctor: Surname & Name:
Medical Registration Number:
Address:
Phone Number:
Fax Number:
E-mail:
Date:
Signature & Stamp:



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UWW Doctor Approval

- Medical Certificate Approved.
- Medical Certificate is not approved.

Surname & Name

Signature:

Date: