



KKTC KICKBOKS VE MUAYTHAI FEDERASYONU
TRNC KICKBOXING & MUAYTHAI FEDERATION

HEALTH EXAMINATION

Sportsman/woman's:

Name and Surname:			Photo needs to be stamped and certified by the doctor.
Place of Birth:	Date of Birth:		
Identity Card No:	Passport No:		
Nationality:			
Address:			

The sportsman/woman, whose details and certified photo have been listed above, has had a health examination at Hospital and no pathological finding was found which would prevent (him) (her) to participate at international Kickboxing, Muaythai and MMA (Mixed Martial Arts) trainings and competitions.

Date of Report:

Doctor

Surgeon General

Name and Surname:	Name and Surname:
Signature:	Signature:

