

## MEDICAL RELEASE

# KARATE WORLD SHI-AI BERLIN 2025



XXII. ITKF Traditional Karate World Shi-ai  
& Children and Youth Karate World Games

<b>Name:</b>	
<b>Country:</b>	
<b>Sex:</b>	
<b>Age:</b>	
<b>Age Category:</b>	
<b>PARTICIPATING CATEGORY:</b>	

### MY PRESENT HEALTH HISTORY IS AS FOLLOWS:

1. Extreme Heart Murmur	YES	NO
2. Severe hypertension	YES	NO
3. Recent Infection	YES	NO
4. Bone Fracture Within Past 6 Moth	YES	NO
5. Concussion or severe Head Trauma	YES	NO
6. Seizures	YES	NO
7. Eye Injury	YES	NO
8. Nose Injury	YES	NO
9. Severe Bone Bruise Requiring padding	YES	NO
10. Kidney Injury	YES	NO
11. Drug Allergies	YES	NO

12. Bleeding	YES	NO
13. Syncopes of Diff.origin	YES	NO
14. Joint Injury	YES	NO
15. Disorders	YES	NO
16. Neck Injury	YES	NO
17. Facial Injury	YES	NO
18. Ear Injury	YES	NO
19. Hepatitis of Diff.Origin	YES	NO
20. Currently Taking Any Medication	YES	NO
21. Currently Taking Any Treatment	YES	NO

**I'M OFFICIALLY CONFIRMING THAT MY MEDICAL HISTORY IS REPRESENTED ABOVE, THEREFORE I'M TAKING FULL RESPONSIBILITY – AND HEREBY DISCHARGE TOURNAMENT OFFICIALS OF ALL LIABILITIES.**

DATE: \_\_\_\_ . \_\_\_\_ .2025

APPLICANT'S SIGNATURE: \_\_\_\_\_

Coach Signature: \_\_\_\_\_

### REMARK:

**IF YOU ANSWER IS "YES" TO ANY OF THE ABOVE, YOU ARE REQUIRED TO CHECK WITH THE TOURNAMENT MEDICAL COMMITTEE BEFORE STARTING COMPETITION.**

(For official Use Only)

**APPROVED:** \_\_\_\_\_;

**NOT APPROVED (for participation in this event):** \_\_\_\_\_

DATE: \_\_\_\_ . \_\_\_\_ .2025 CHIEF MEDICAL JUDGE: \_\_\_\_\_

Deutsche Traditionelle  
Shotokan Karate  
Föderation e.V.(DTSKF).

Kurt Fischer-Weiherig  
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