



swisswushu

Health certificate

I,(Doctor full name).....certify that
(Please press TAB or use arrows to move to next point of data entry, or place cursor in square)

Surname	Height (cm)		
First Name	Weight (kg)		
Date of birth	Blood pressure (syst / diast) (mm Hg)		/
Sex	M F	Pulse (bpm)	

ECG conclusions (ECG to be attached, at least 6 standard derivations and 6 precordial derivations)

EEG conclusions (EEG is compulsory only in Sanshou fighters.)

Immunisations are up-to-date YES NO (which ones?)

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Pathological conditions

- Asthma : see the attached form in case of beta2-agonist treatment. It has to be filled in by a certified pneumologist.
- Diabetes : a medical certificate from a diabetes specialist is required
- Epilepsy : epilepsy is a strict contraindication to Sanshou fighting. For the Taolu competitors, a neurologist's certificate is required

Sanshou fighters only : KO history for the 5 last years

This certificate has to be emailed to info@swisswushu.ch and to be brought for the competition registration.

Date	Unconsciousness duration (in min)	Neurosequelae ?

All competitors :

List of recent medications been taken in the last month before competition
(common international denomination)

Drug	Diagnosis	Dosage

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List of medications being taken on a regular basis (common international denomination)

Drug	Diagnosis	Dosage

Is physically and mentally able to compete in Wushu full contact fighting competition (sanda) at the international level

Full name and address of Doctor

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MANDATORY APPLICATION FORM for an ATHLETE to INHALE a PERMITTED BETA₂ AGONIST at competition

(Please press TAB or use arrows to move to next point of data entry, or place cursor in square)

Official medical stamp

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Name of Athlete:		NOC:	
Athlete ID No:		Event:	
Testing Institution & City:			
Date of Test (dd/mm/yy):		Beta ₂ agonist to be administered:	
Medical Officer Responsible for Report:		Phone No:	
Medical Officer Responsible for Athlete:		Photo ID Checked:	
Childhood Asthma:		Age of Onset:	Date of Birth (dd/mm/yy):
Gender:		Race:	Height (cm):
			Weight (kg):
Current Daily Medications:			
Date Inhaled Corticosteroids Commenced (dd/mm/yy):			
Other medications in last 3 months:			
Known allergies by symptoms:			
Known allergies by skin tests:			

Challenge Test – Enter data ONLY beside test performed	Bronchodilator:
Laboratory Exercise (type):	Field Exercise (type):
Eucapnic Voluntary Hyperpnea:	Hypertonic Aerosol: Methacholine:

Spirometry (BTPS)	Baseline Before challenge	% Predicted	Lowest value after challenge	Highest value Post Bronchodilator	% Predicted
FEV ₁ (L)					
FVC (L)					
FEV ₁ /VC %					
FEF ₂₅₋₇₅ (L/sec)					

Predicted Values used (e.g. ECCS/Quanjer et al 1993):	
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Make & Model of Spirometer:		ATS Approved?
Bronchodilator Given:		Dose (mcg):
		Device:
Bronchodilator Response (% increase in FEV ₁ from baseline as a % of baseline FEV ₁):		

Exercise or Eucapnic Voluntary Hyperpnea

% Fall FEV ₁ = $\frac{\text{Baseline FEV}_1 - \text{Lowest FEV}_1 \text{ after challenge}}{\text{Baseline FEV}_1} \times 100$:		
Average Ventilation during test (L/min BTPS) if known:		Heart Rate (bpm):
Duration of test (min):	Inspired air temperature (°C):	

Hypertonic Saline

PD ₁₅ FEV ₁ (mls):	Maximum % fall in FEV ₁ :	Rate of delivery (mls/min):
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Methacholine

PD ₂₀ FEV ₁ (µg):	OR PD ₂₀ FEV ₁ (µmol):	OR PC ₂₀ FEV ₁ (mg/ml):
OR PC ₂₀ FEV ₁ (breath units):	Maximum % fall in FEV ₁ :	

Additional Comments:

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