

# Martial Arts Practitioner Health Statement Form

## Personal Information

Full Name

Date of Birth

Contact Number

Emergency Contact Name

Emergency Contact Phone

## Health Profile

Do you have or have you ever had any of the following conditions?

☐ Asthma   ☐ Heart Disease   ☐ Diabetes   ☐ Epilepsy   ☐ Serious Injury   ☐ Allergies  
☐ None

Other medical conditions or anything we should know about?

Are you currently taking any medications?

## Physical Activity Readiness

Are there any physical limitations or concerns related to participating in martial arts?

## Declaration

I declare that the information provided is accurate and complete to the best of my knowledge.

Signature (Name)

Date