

# Medical Clearance Form for Martial Arts Students

## Student Information

Full Name

Date of Birth

Age

Contact Number

Address

## Medical History

Are there any medical conditions or injuries the instructor should be aware of?

Current Medications

Allergies

## Physician Clearance

This student is medically cleared to participate in martial arts training and related activities.

Physician's Name

Physician's Signature

Date

Parent/Guardian Name

Signature

Date