

**ALL INDIA INTER UNIVERSITY KICKBOXING SPORT, DATE 18-21 MARCH- 2018
AT- PUNJABI UNIVERSITY, PATIALA, PUNJAB**

UNIVERSITY Name.....

(Medical Form for Fighter)

Name Father Name.....
Weight..... Date

Date of Examination	Head and Neck	Cardio Vascular System	Lungs	Abdomen	Central Nervous System	Articular System
	A- Eyes B- Ear C- Teeth D- Thyroid	A- Blood Pressure B- Pulse C- ECG D- Auscultation		A- Liver B- Spleen C- Hernia	A- Knee Jerk B- Ankle Clonus Rt. Lt. C- EEG	A- Uppar Limb B- Lower Limb C- Back
	A ----- B ----- C ----- D -----	A ----- B ----- C ----- D -----		A ----- B ----- C ----- D -----	A ----- B ----- C ----- D -----	A ----- B ----- C ----- D -----

Other Details: -

1.	Any Operation or Injury in last 3 or Six Month If No- Ok If Yes Explain it	Explain-
2.	Any Knock Out or Knock down during last 3 month If No- Ok If Yes Explain it	Explain-
3.	Any kind of previous illness, Unconsciousness, accident	

Fitness to Fight: -

Fit to Fight

Unfit to Fight

Date of Examination

Signature of Examining Physician

With Stamp