



SHOTOKAN KARATE INTERNATIONAL AUSTRALIA
MEDICAL CLEARANCE FORM

I have completed a physical examination of _____
insert name here

on the _____ of _____ 20____ and deem him / her to be of sufficient
day month year (please circle)
physical fitness to safely participate in a Karate Tournament.

This clearance is valid for a period of _____ days from the date of
not exceeding 365 days
this document.

Signature: _____

Printed Name: _____

Practice: _____

Contact Number: _____