



**FEDERAZIONE ITALIANA KICKBOXING MUAY THAI SAVATE e SHOOT BOXE**

*Pre-bout examination for all women fighting in Italy*

**MINISTRY OF HEALTH'S DECREE 02/08/05**

The undersigned (Surname and name) .....  
born in (town, region & country of birth) ..... on (date of birth)  
.....

Engaged in the bout of (date of bout) .....  
at (place of bout) .....

**Declares to not have at the present moment:**

- vaginal haemorrhage, different from menstruation;
- genito-urinary illnesses;
- recent surgery and/or injuries to the breast area;

**Declares, moreover:**

- to have undergone a pregnancy test, in an Analysis Laboratory within 14<sup>th</sup> days before the bout;  
date of pregnancy test ..... Result: ..... (as the enclosed medical certificate).

Date .....

Athlete's Signature or Legal Guardian

.....

In the case of minors, the Legal Guardian Mr./Ms. .... (along with a copy of Identification) attests that the information provided above is true and delegates the accompanying coach Mr./Ms. .... for any further correlated health & sanitary measures.

**Signature** .....

Date .....

**Signature of visiting Medical Doctor pre-Match**

( Stamp and signature) .....