



WAKO - WORLD ASSOCIATION  
OF KICKBOXING ORGANIZATIONS

HKBS - HRVATSKI KICKBOXING SAVEZ  
CKBF - CROATIAN KICKBOXING FEDERATION



## SPORTS MEDICAL EXAMINATION / SPORTSKI MEDICINSKI PREGLED

### WAKO QUESTIONNAIRE / WAKO UPITNIK

Name and Surname / *Ime i prezime:* \_\_\_\_\_ / DOB / *Datum rođenja:* \_\_\_\_\_

Address / *Adresa:* \_\_\_\_\_ / Country / *Država:* **CROATIA / HRVATSKA**

Passport number / *Broj putovnice:* \_\_\_\_\_ / Insurance / *Broj police osiguranja:* \_\_\_\_\_

Sports Event / *Sportski događaj:* \_\_\_\_\_

Competition, place and date / *Natjecanje, mjesto i datum*

	YES / Da	NO / Ne
Did you have any illnesses earlier? <i>Jeste li bolesni i, da li ste bolovali od kakvih bolesti u prošlosti?</i>		
Were you born with any of your body parts missing? <i>Jeste li rođeni s nedostatkom nekog djela tijela (ekstremiteti)?</i>		
Have you ever been treated in hospital? <i>Jeste li ikad bili liječeni u bolnici?</i>		
Do you take any medicine on a regular basis? <i>Uzimate li redovno kakve lijekove?</i>		
Do you take any food complementary substances? <i>Koristite li bilo kakve preparate-dodatke prehrani?</i>		
Have you ever fainted during or after training? <i>Jeste li se ikada onesvijestili tijekom ili poslije treninga?</i>		
Have you ever had any chest pain? <i>Jeste li ikada imali bolove u prsima?</i>		
Have you ever had high blood pressure? <i>Jeste li ikada imali visoki tlak?</i>		
Have you ever had any skin diseases? <i>Jeste li ikada bolovali od kožne bolesti?</i>		
Do you have any dermatological complaints at the moment? <i>Imate li trenutačno dermatoloških tegoba (poremećaja)?</i>		
Do you suffer from asthma? <i>Patite li od astme?</i>		
Do you have any problems related to your bones, joints, tendons, or muscles? <i>Imate li problema vezano uz kosti, zglobove, tetive ili mišiće?</i>		
Have you ever had a skull injury accompanied with a loss of consciousness? <i>Jeste li ikad pretrpili ozljedu lubanje popraćenom gubitkom svijesti?</i>		
Did you have headache in the past 10 days? <i>Jeste li imali glavobolju u proteklih 10 dana?</i>		
Do you have teeth braces? If yes please attach the medical certificate! <i>Imate li aparatić za zube? Ukoliko da, molimo priložite liječničku potvrdu!</i>		
Is it possible that you are pregnant? <i>Postoji li mogućnost da ste trudna?</i>		
Are you often on a diet? <i>Jeste li često na dijeti?</i>		

Please give further details on answers with "YES"! / *U slučaju odgovora DA napišite dodatna obrazloženja:*

I officially declare that I am fully responsible legally for my answers given above. /

*Potvrđujem da u potpunosti zakonski odgovaram za točnost odgovora danih na gornja pitanja*

Date: \_\_\_\_\_  
*Datum:*

Athlete's Signature: \_\_\_\_\_  
*Potpis sportaša:*

Parent's Signature: \_\_\_\_\_  
*Potpis roditelja (za maloljetne):*