

**PRE-BOUT MEDICAL QUESTIONNAIRE FOR MALE ARNIS
CANDIDATE**

1

Questions for coach :

Name : _____
(please print)

Have you noticed any changes in your Arnisador regarding the following?

- | | | |
|-------------------------------|---------|--------|
| 1) Attention or concentration | yes () | no () |
| 2) Memory | yes () | no () |
| 3) Speech | yes () | no () |
| 4) Behavior | yes () | no () |
| 5) Sparring (quickness) | yes () | no () |

Coach signature: _____

2

Questions for Arnisador:

Name: _____
(please print)

Have you had any of the following symptoms lately?

- | | | |
|---|---------|--------|
| 1) Headaches | yes () | no () |
| 2) Dizziness | yes () | no () |
| 3) Nausea or vomiting | yes () | no () |
| 4) Double or blurry vision | yes () | no () |
| 5) Do you have body piercing? | yes () | no () |
| 6) Have you taken any medication within the last 90 days?
(If yes, what kind: _____) | yes () | no () |

Arnisador's signature: _____

**If you think you may be infected with Hepatitis or HIV you should not box
If you do not understand any question please inform the doctor**

3

Doctor's name: _____
(please print)

License #: _____

Signature: _____