

FIT TO FIGHT FORM

Revised: 12-29-2017

Physician Assessment of Athlete Fitness to Compete

Based on my assessment, _____ (athlete's name) is currently medically fit to compete in full contact (to head and body) taekwondo competition.

Based on my assessment, _____ (athlete's name) is NOT currently medically fit to compete in full contact (to head and body) taekwondo competition.

Physician Name: ______

Signature and CPSO number: _____

Date: _____