



WBC MuayThai Championship Medical Examination Report

Date _____ Time _____ Place _____

Doctor's name _____ Unit/Hospital _____

Category _____

Topic	Champion/Contender	Contender
Name		
Weight (Kg.)		
Vital Sign		
Blood Pressure		
Pulse rate		
HEENT Examination		
Respiratory System Examination		
Cardiovascular Examination		
Gastrointestinal Examination		
Musculoskeletal System Examination		
Complete Neurological Examination		
Conclusion		

(Sign) _____
Doctor