



World Boxing Council

MUAYTHAI

www.wbcmuaythai.com

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WBC MUAYTHAI CHAMPIONSHIP

MEDICAL EXAMINATION REPORT

Date..... Time..... Place.....

Doctor..... Unit/Hospital.....

Category.....

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

Doctor's Signature.....