



**WKFE MEDICAL STATEMENT
FOR COMPETITION PARTICIPATION**

WKFE WUSHU KUNGFU
FEDERATION OF EUROPE

I, **Dr.** _____, a licensed medical professional, certify that I have examined _____ and confirm that:

The athlete is FIT to participate at the 8th European Traditional Wushu/Kungfu Championships.

This assessment is based on a medical examination conducted in accordance with standard health and sports safety protocols. I confirm that all relevant medical evaluations have been performed, and records are kept at my medical office.

Doctor's Signature & Stamp:

Date & Place: _____