

# **ATTACHMENT “B” (ONLY WOMEN)**

## **KICKBOXING - MUAY THAI - SAVATE - MMA FULL CONTACT RULES**

### **PRE-COMPETITION DECLARATION FOR WOMEN THAT FIGHT FULL CONTACT IN ITALY**

#### **DECRETO DEL MINISTERO DELLA SALUTE 02/08/2005 MINISTRY OF HEALTH'S DECREE**

Surname and name: \_\_\_\_\_

Date and place of birth \_\_\_\_\_ Nationality \_\_\_\_\_

engaged in the fight of date \_\_\_\_\_ at \_\_\_\_\_

I declare to not have at present moment:

- vaginal hemorrhages, different from menstruation;
- genito-urinary illnesses;
- recent surgery and/or injuries.

**I declare moreover** to have undergone a pregnancy test within 14th days before competitions;

date of pregnancy test \_\_\_\_\_ Result \_\_\_\_\_

Date: \_\_\_\_\_ **Athlete's signature:** \_\_\_\_\_

#### **Observations**

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**Stamp and signature of physician** \_\_\_\_\_

**To deliver in closed envelope to the physician.**