



WAKO Medical events registration sheet

Event: _____

No.	Date	Female	Male	Weight category	Point Fighting	Light contact	Kick light	Full contact	Low kick	K1	Forms	<13 ys	Diagnosis	Treatment	Doctor	Paramedic/Nurse	Stopped	Cont.	Sent to Hospital	KO head	KO body	Head injury	Nose injury/Epistaxis	Ear injury	Chest injury	Eye injury	Facial injury	Dental injury	Neck injury	Abdomen injury	Testicular injury	Upper extr. inj.	Lower extr. inj.	Shoulder inj.	Hip injury	Knee injury	Foot injury	Hand injury	Cuts	Days of suspension	
Tot		0	0		0	0	0	0	0	0	0	0	Diagnosis	Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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