THE CLASH: EUROPEAN COMBAT SPORTS FESTIVAL 2026

MEDICAL EXAMINATION FORM — ATHLETES 18 AND OLDER

For the examining physician. The athlete named below intends to compete in full-contact combat sport competition (MMA, K-1 kickboxing and/or Muay Thai) on 20.–24.10.2026 in Tallinn, Estonia. Please complete every section after an in-person examination; an incomplete form is not accepted. May be completed in English or Estonian.

ATHLETE

Full name	
Date of birth (dd.mm.yyyy)	
Club / team	

EXAMINING DOCTOR

Name	
Registration / licence no.	
E-mail	
Clinic + address	

☐ This examination was completed without access to the athlete's medical records; history is as disclosed by the athlete.

HISTORY (NOTE ANY POSITIVES; WRITE "NONE" WHERE CLEAR)

	FINDINGS
Medical history — ask specifically about: headaches, dizziness, mood changes, forgetfulness, double vision, back / neck / radiating pain	
Surgical history (including eye / laser surgery)	
Medications and supplements currently taken	
Allergies	
Family history — ask specifically about: sudden cardiac death, dementia, parkinsonism	

EXAMINATION

Height (cm)		Heart rate	
Current weight (kg)		Blood pressure	
Walk-around weight (kg)		Intended competition weight class	

Visual acuity, UNCORRECTED, both eyes (mandatory — the form is not accepted without it):

RIGHT EYE	LEFT EYE

Systems review — tick Normal or describe abnormality below:

SYSTEM	NORMAL
Cardiovascular	☐
Respiratory	☐
Abdominal	☐
Musculoskeletal	☐
Neurological (incl. Romberg, nystagmus, cognitive screen)	☐
Ear, nose and throat	☐
Eyes and pupils	☐

ABNORMAL FINDINGS (IF NONE, WRITE "NONE")

CONCERNS REGARDING PARTICIPATION IN FULL-CONTACT COMBAT SPORT (IF NONE, WRITE "NONE")

CERTIFICATION

I certify that, based on my examination, the athlete named above is in good physical condition and **medically fit to compete in full-contact combat sport competition**, and is not, to my knowledge, subject to any medical suspension.

DOCTOR'S SIGNATURE	STAMP	DATE (DD.MM.YYYY)

The form is valid only with the doctor's signature or stamp.

Validity: issued within the last 12 months before 20.10.2026. **Submission:** your club's medical contact e-mails this form to medical@theclash.ee by 07.10.2026, file named `Medical_Certificate_Firstname_Lastname.pdf`. Blood-test lab results (MMA athletes) are a separate file: `Bloodtests_Firstname_Lastname.pdf`.

Form version 2.0 · theclash.ee/registration · based on the IMMAF annual medical examination standard

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