THE CLASH: EUROPEAN COMBAT SPORTS FESTIVAL 2026

MEDICAL EXAMINATION FORM — ATHLETES UNDER 18

For the examining physician. The young 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. To be completed by a doctor licensed to practise medicine, after an in-person examination, and **countersigned by the athlete's parent or legal guardian**. An incomplete or unsigned 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 / guardian.

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, both eyes (uncorrected row is mandatory — the form is not accepted without it):

	RIGHT EYE	LEFT EYE
Uncorrected		
Corrected (if applicable)		

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** in their age category, 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.

PARENT / LEGAL GUARDIAN COUNTERSIGNATURE

I confirm that I hold parental responsibility for the athlete named above, that the information disclosed for this examination is correct, and that this form may be shared with the event's medical and safety personnel.

PARENT/GUARDIAN NAME	RELATIONSHIP	SIGNATURE	DATE (DD.MM.YYYY)

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; Muay Thai athletes 16+) are a separate file: `Bloodtests_Firstname_Lastname.pdf`.

Form version 2.0 · theclash.ee/registration · based on the IMMAF U18 annual medical examination standard

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