UNITED WORLD **WRESTLING**

ANNUAL MEDICAL CERTIFICATE & WRESTLER'S DECLARATION

Issued for (Wrestler): **VALID FOR: 2025/2026**

FAMILY NAME		First name	
Date of Birth [1]		Nationality	
Wrestling Style		Weight class	
National Federation			

[1]: For minor athletes (as defined by each country's laws), this form shall be signed by a parent/guardian, thereby authorizing the athlete to compete in his/her age category, or in the direct upper age category when allowed by the UWW International Wrestling Rules.

I. Medical certificate

I, the undersigned, Doctor**,**

Name (family name, first name)			
Medical speciality			
Address		Email	

- certify that I have examined the Wrestler designated here above on……(*DD/MM/YYYY*);
- certify that this Wrestler has no medical contraindication to compete in the sport of Wrestling in any of the UWW sanctioned events on the official calendar, in any of the age categories he/she is allowed to by the UWW rules, as from the date of examination mentioned above;
- I certify that the information provided in this certificate is accurate.

This certificate is done on request by the above-mentioned wrestler for the appropriate legal purposes.

Date, place, doctor's signature and stamp: …….

II. Wrestler's declaration

Pursuant to the *Regulations for the Issuance of the UWW Licence* , as a holder of a UWW License, I, the undersigned, undertake to:

a) Provide accurate personal information for the initial application and/or for each renewal of the Licence;
b) Comply with the obligations that result from the UWW Constitution, Code of Ethics and all regulations, including all UWW's past and forthcoming decisions and guidelines;
c) Only compete in Olympic and/or associated Wrestling styles events, and which are recognised or authorized by UWW or by any of its affiliated or associated members;
d) Compete with respect for my opponent and the Refereeing body, abide by the UWW Rules of Conducts and adhere to the principles of Fairplay;
e) Observe and comply with the UWW Anti-doping Regulations implementing the World Anti-Doping Code;
f) In case of dispute in connection with the application of UWW's Constitution, rules and regulations, as well as with UWW decisions and guidelines, and any dispute with UWW, its affiliated or associated members or with clubs, in connection with the participation in the sport of Wrestling, accept, after exhaustion of any procedure set forth in the applicable UWW Regulations, the exclusive competence of the Court of Arbitration for Sport in Lausanne, Switzerland, excluding all recourse to ordinary courts, including in respect of provisional measures.

By signing this declaration, I also understand and accept that any Personal Data collected and/or processed by UWW will be used only to fulfil the UWW objectives as described in the Constitution, including but not limited to the governance, the organization, the promotion, the development, scientific research, and the protection (against doping and any form of sports integrity violations) of the sport of Wrestling and associated styles, and may be shared with authorized third parties (for instance Event organizers, Affiliated or Associated National Federations, IMSSA, other Sports Governing Bodies, ITA, Sample Collection Authorities, Doping Control Officers, other Anti-Doping Organisations, Major Events Organisers, authorized and recognized sports betting operators, etc.) to fulfil these objectives. I understand that my Personal Data will solely be used for these purposes and will be processed in strict confidentiality. I have read, understood and I accept the processing of my personal data as describe in the Data Protection & Privacy Rules and other relevant rules.

I also understand and accept that, for the purpose of the fight against doping in Sports, I may be subject to anti-doping controls at any place and any time, in accordance with the UWW Anti-doping Rules, the World Anti-doping Code and WADA's International Standards.

I finally understand that in the event of an accident or illness occurring abroad in the course of a competition registered on the UWW Calendar, the UWW licensees are insured by an insurance provided by IMSSA covering the medical costs in the place of the competition, under the condition and in so far as the illness or accident occurred for the first time during this competition abroad. After the return to the country of residence IMSSA will intervene on a subsidiary basis. Also, IMSSA does not cover the medical costs of licensees during UWW competitions taking place in their home country. All wrestlers must therefore apply for a local insurance in their country. Additional information and related regulations on rights and obligations for the holders of a UWW license are available on the UWW website (https://uww.org/).

Date (DD/MM/YYYY): …….. **Wrestler's signature***: ……

* or Parent's/Guardian's signature (if the Wrestler is a Minor or has an impairment preventing him/her signing this form)

VETERAN MEDICAL CERTIFICATE

Article 5.1 of the General Regulations for the World Championships Veteran provides:

"Each wrestler shall pass a medical examination in his own country, one week before the competition start date. A UWW Veteran Medical Certificate should be filled and signed by a certified doctor. This form must be delivered to UWW doctor of the competition at the pre-weighing medical examination".

UWW EVENT

Competitions: .....

Place / Date: .....

WRESTLER

Surname: ..... First Name: .....

Date of Birth (Day/Month/Year): .... /.... /.... Sex: Male Female

Nationality: .....

Address: .....

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E-mail: ..... Phone Number: .....

MEDICAL ASSESSMENT SUMMARIES

1. General Examination:

A- Medical History:

Normal Abnormal - Please specify:

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B- Routine Lab Tests:

Hemoglobin, Hematocrit, Erythrocytes, Thrombocytes, Leukocytes, C-reactive Protein, Glucose, Creatinine, Uric Acid, Triglycerides, Cholesterol (total, LDL, HDL), Creatine phosphokinase, Sodium, Potassium, Calcium, Phosphor, Urine Analysis

Normal Abnormal - Please specify:

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C- Skin Inspection:

Normal Abnormal - Please specify:

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D- General Health:

Normal Eligible to wrestle with considerations Non-eligible to compete

Please specify: .....

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Examining Doctor:

Surname & Name: ..... Date: .....

Address: .....

Signature:

2. Cardiovascular Examination

Physical examination, Chest x-ray, Heart rate & rhythm, Blood pressure, Electrocardiography, Echocardiography

Normal Eligible to wrestle with considerations Non-eligible to compete

Please specify: .....

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Examining Doctor:

Surname & Name: ..... Date: .....

Address: .....

Signature:

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3. Orthopedic Examination

Spine (cervical, thoracic, lumbar), Shoulder, Arm, Elbow, Forearm, Wrist, Hand, Fingers, Hip, Thigh, Knee, Lower leg, Ankle & Foot

Normal Eligible to wrestle with considerations Non-eligible to compete

Please specify: .....

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Examining Doctor:

Surname & Name: ..... Date: .....

Address: .....

Signature:

VETERAN MEDICAL CERTIFICATE

Medical Certification

I certify that this wrestler:

Has no apparent contraindication to practice wrestling at competitive level.

Is not recommended to practice wrestling at competitive level.

Normal Eligible to wrestle with considerations Non-eligible to compete - Please specify:

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Certifying Doctor:

Surname & Name: ..... Date: .....

Medical Registration Number: .....

Address: .....

Phone Number: ..... Fax Number: .....

E-mail: .....

Signature & Stamp:

UWW Doctor Approval

Medical Certificate Approved.

Medical Certificate is not approved.

Surname & Name: ..... Date: .....

Signature: