

MFJ Medical Passport

Date: _____

● MFJ License No _____ Nationality _____

● Gender _____

● Name _____ ● Age _____

● Date of Birth _____ ● Blood Type _____ ()

● Hight _____ c m ● Weight _____ k g

● Team _____

● Team Manager _____

● **About sickness · injury** (sickness · injury not completely cured)

● Medical note
Allergies and reaction _____
Medicines in use _____

● Emergency contact
① Name _____ relationship _____
Tel : _____ mail @ _____
② Name _____ relationship _____
Tel : _____ mail @ _____

※ Keep the medical passport (this page) in person or team and submit it to the medical center in case of accident