

**HAN MOO KWAN TAE KWON DO CLUB
PHYSICIAN VERIFICATION LETTER**



TO THE APPLYING MEMBER: Please sign the following statement, giving your physician permission to release an opinion based on your medical history.

I, _____, give permission for my physician, _____, to provide this information to the Han Moo Kwan Tae Kwon Do Club to be considered for its Club Membership.

TO THE PHYSICIAN: The applicant named above has indicated that you are his/her treating physician. As the applicant's doctor, please read and complete the following medical verification form and return to the applicant in a sealed envelope with your signature on the seal. If you have any questions, please contact Kelly McInerney at (408) 749-9375 or hmktkd@yahoo.com.

One of your patients recently requested to become a member of the Han Moo Kwan Tae Kwon Do Club in Sunnyvale, CA. As part of the signup, your patient filled out a Physical Activity Readiness Questionnaire (PAR-Q). In that questionnaire, he or she answered "Yes" to at least one question that resulted in the Club asking for this applicant to provide physician approval to start activity with the Club.

The Han Moo Kwan style of Tae Kwon Do is a fighting art. This fighting art is used strictly for self-defense using bare hands and feet. The physical (body) aspect of our training provides the student with an intense aerobic and anaerobic workout. The training and classes include contact drills and exercises as well as free sparring where students are impacted physically by throwing and receiving punches, kicks, and strikes. In addition, we also practice and teach takedowns so students practice falls and rolls.

While there are many benefits (focus, discipline, balance, flexibility, among others) from practicing and learning this style, it is a harsh style that impacts the physical body and stresses it.

Due to the nature of our art form, the Club takes the health and safety of all its students very seriously and in the case of this patient, we require their primary physician to review the benefits and the issues with performing and participating in a strenuous martial art.

Applicant's name: _____

Print name of physician: _____

Phone number: _____ State medical license #: _____

Address of physician/clinic: _____

Please check one of the following:

No, I have advised the patient they should not start such an activity.

Yes, I understand the nature of the martial art my patient wants to learn and practice. I have advised the patient on the benefits and concerns, but believe the applicant student is physically fit and that he or she can participate in a strenuous martial arts training program.

Signature of physician: _____ Date: _____

Attention, Physician: Please return this form to the applicant in a sealed envelope with your signature on the seal.