



# Taping Authorization Form

---

I, the undersigned, Dr....., UWW Official Medical Delegate / Competition Head Doctor

Certify that:

First Name: ..... Last name: .....

Nationality: ..... Style / Weight: ...../.....

Requires the use of tape:

Right hand

Left hand

Medical reason: .....

.....

.....

Name and place of competition.....

Doctor signature.....

Date.....

Stamp.....

---

## RULE:

### UWW Medical Regulations, article 22:

*“A competitor may not use hand and finger tapings without medical justification. Medical evidence justifying their use must be provided to the UWW Doctor during the pre-competition medical examination.*

*In case of an injury during training or in the course the competition, the UWW doctor’s approval is required for their use. In any case, the official authorization form shall be signed by the UWW doctor for the medical taping to be approved”.*