

# Traditional Karate Institute Canada

## Individual Examination Form

**To be completed by the STUDENT:**

<b>Last Name:</b> <i>(please print)</i>	<b>First Name:</b> <i>(please print)</i>	<b>Age:</b>	M / F	<b>Date:</b>
<b>Location:</b>	<b>Current Rank:</b>	<b>Date Rank Received:</b>	<b>Home Dojo:</b>	<b>Membership #:</b>

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**To be completed by the EXAMINER:**

Subject	Weakness	Score	Comment
H 1 – 2 – 3 – 4 – 5 T 1 – 2 – 3 B – E – J – K Other:	FRM BD PW TR		
Kihon	Stance Punch Block Strike Kick		
Kumite Offence	TD (kime / balance) TM MA		
Kumite Defence	TD (kime / balance) TM MA		
<b>Total Score</b>			

### General Area of Weakness to Correct

Head Alignment	Eye Line	Hip Alignment	Top Power	Rear Foot Control
Kicking Leg Squeeze Back	Stance Pressure	Kime	Stance Alignment	Pulling Hand
Breath Control	Overall Tension	Emotional Control	Tight Ankles	Tight Hips

**Comment:**

<b>Result:</b>	<b>Examiner:</b>
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