

## MEDICAL & COMPETITION RECORD BOOK



## **DATE STAMP**

MBA membership is annual. Renewals are due on January 1st each year. Your membership must be current to register for an MBA event.

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## Welcome to the Courage Club!

Your MBA record book is on the way. Your member number appears on the front of this book.

## What to do next

- 1. Fill in your details on Page 4 and place a passport sized photograph where indicated.
- 2. Take your book to your General Practitioner (GP) and have them complete the 'Serological Clearance History' on starting page 7. This will involve a blood test.
- 3. Also have your GP complete the 'Certificate of Fitness History' on starting page 11.

Bring your completed book with you to the compulsory first weigh-in on the first day of the tournament you have registered for. (Female boxers are also required to bring a Pregnancy Declaration no more than I month old from the first day of competition. This can be downloaded here https://www.mastersboxingaustralia.com.au/forms

## Please Note:

- I. Fitness and Serological History is valid for one year. It must not be more than one year older than the last day of the tournament.
- 2. MBA membership is annual. Renewals are due on January 1st. Your membership must be current to register for an MBA event.

## Thank you for joining Masters Boxing Australia. We look forward to welcoming you to an MBA ring soon.

Yours sincerely,

Jack Boote

President

Masters Boxing Australia INC.

Members are also encouraged to join the Masters Boxing Australia INC Facebook group for event updates, event livestreams, and masters boxing conversations. https://www.facebook.com/groups/802401319890919



## BOXER'S SIGNATURE

NAME		
DATE OF BIRTH		
STATE	CLUB	
BOXER'S EMAIL		



## SEROLOGICAL CLEARANCE

ALL SEROLOGY TESTS MUST BE NO OLDER THAN
12 MONTHS FROM DATE OF COMPETITION START
AND WHERE AN EVENT IS A MULTIDAY EVENT, THE
SEROLOGY TEST MUST NOT EXPIRE BEFORE THE
END DATE OF THE EVENT THAT YOU HAVE ENTERED.

Competitors wishing to register for any MBA event must provide a current serological clearance.

## SEROLOGICAL CLEARANCE

A current serological clearance is a certificate by registered practitioner or person who provides patholgy service that

The medical practitioner or person is of the opinion that a specified person is not capable of transmitting a medical condition or disease specified by MBA inc regulations. **HIV Hepatitis B or C** 

The opinion is based on results of blood tests or other tests carried out on a date specified in the certificate.

MBA inc does not require the results of the pathology test. Only the completed serological clearance. It is recommended that a competitor keeps a record of their results as this may be required for other events not being sanctioned by the MBA.

## SEROLOGICAL CLEARANCE HISTORY

The following table relates to serological clearance as per the information on page 5. The details on this page may only be completed by a medical practitioner, the pathology service provider or the MBA inc tournament supervisor who is in reciept of an approved serology clearance.

DATE OF BLOOD TESTS	1	1	FIT TO FIGHT YES	NO
<b>NAME</b> of medical practitior pathology service provider issuing the clearance.	ner or	•		
Registration Number/Staff	ID			
Signature of medical practi or pathology service provid MUST INCLUDE STAMP.	tione ler.	er –		
DATE OF BLOOD TESTS	1	1	FIT TO FIGHT YES	NO
<b>NAME</b> of medical practitior pathology service provider issuing the clearance.	ner or			
Registration Number/Staff	ID			
Signature of medical practi or pathology service provid MUST INCLUDE STAMP.		er —		
DATE OF BLOOD TESTS	1	1	FIT TO FIGHT YES	NO
<b>NAME</b> of medical practitior pathology service provider issuing the clearance.	ner or			
Registration Number/Staff	ID			
Signature of medical practi or pathology service provid MUST INCLUDE STAMP.	tione ler.	er —		

DATE OF BLOOD TESTS	1	1	FIT TO FIGHT YES	NO
<b>NAME</b> of medical practition pathology service provider issuing the clearance.		r		
Registration Number/Staff	ID			
Signature of medical pract or pathology service provided MUST INCLUDE STAMP.		er –		
DATE OF BLOOD TESTS	1	1	FIT TO FIGHT YES	NO
<b>NAME</b> of medical practition pathology service provider issuing the clearance.		r		
Registration Number/Staff	ID			
Signature of medical pract or pathology service provice MUST INCLUDE STAMP.		er _		
DATE OF BLOOD TESTS	1	1	FIT TO FIGHT YES	NO
<b>NAME</b> of medical practition pathology service provider issuing the clearance.		r		
Registration Number/Staff	ID			
Signature of medical pract or pathology service provide MUST INCLUDE STAMP.		er —		
DATE OF BLOOD TESTS	1	1	FIT TO FIGHT YES	NO
<b>NAME</b> of medical practition pathology service provider issuing the clearance.		r		
Registration Number/Staff	ID			
Signature of medical pract or pathology service provid MUST INCLUDE STAMP.		er _		

## INFORMATION FOR THE MEDICAL PRACTITIONER CERTIFICATE OF FITNESS

The purpose of a medical examination of persons wishing to register or maintain their registration as a combatant under MBA INC Rules and regulations is to minimise the risks of participation in combat sports.

MBA INC requires that combatants be examined by a medical practitioner before every contest, after every contest and at any time as directed by the CSA. These examinations are for the health and safety of combatants and any resulting medical are shown on the record section contained within this book.

The medical practitioner should undertake any medical examinations and tests they believe are necessary to give them confidence to issue the Certificate of Fitness. Combatants must be in good health.

The MBA INC does not require details of the examination undertaken or medical test results obtained and the confidentiality of this informationshould be maintained between the medical practitioner and combatant.

THE MEDICAL PRACTITIONER, IN EXAMINING THE COMBATANT, SHOULD LOOK FOR ABNORMALITIES WHICH DECREASE THE ABILITY OF THE PERSON TO DEFEND THEMSELVES AND INCREASE THE RISK OF INJURY.

- · Loss of sensation particularly to sight and hearing.
- Slow clumbsy movements eg cerebral palsy
- Muscular and joint disease
- Poor balance /co-ordination
- Easy fatigabilty
- · Respiratory desease, chronic or periodic e.g asthma
- Bleeding tendancy
- Past history of multiple fractures
- Increased size viscera, especially liver or spleen
- Loss/abnormal or paired organs
- Poorly controlled diseaes e.g. hipertention/diabetes
- Disease with poor healing/ potential joint instabilty e.g. Collogen disease
- Transient/prolonged neurological system signs inc headache
- Previous Injury with incomplete recovery of function or complicationg sequelae

## **CERTIFICATE OF FITNESS HISTORY**

The following table relates to the full medical examinations undertaken annually as per the information on page 8

The form below may only be completed by a medical practitioner or a tournament supervisor who is receipt of a certificate of fitness. In addition to to completing the form below, the medical practitioner is required to issue a letter of fitness.

DATE OF EXAMINATION	1	1	FIT TO FIGHT YES	NO
NAME of medical practition	ner			
Registration Number/Staff	ID			
Signature of medical pract MUST INCLUDE STAMP.	ition	er —		
DATE OF EXAMINATION	1	1	FIT TO FIGHT YES	NO
NAME of medical practition	ner			
Registration Number/Staff	ID			
Signature of medical pract MUST INCLUDE STAMP.	ition	er —		
DATE OF EXAMINATION	1	1	FIT TO FIGHT YES	□ NO
NAME of medical practition	ner			
Registration Number/Staff	ID			
Signature of medical pract MUST INCLUDE STAMP.	ition	er _		

DATE OF EXAMINATION	1	1	FIT TO FIGHT YES NO
NAME of medical practitio	ner		
Registration Number/Staff	ID		
Signature of medical pract MUST INCLUDE STAMP.	itior	ner —	
DATE OF EXAMINATION	1	1	FIT TO FIGHT YES NO
NAME of medical practitio	ner		
Registration Number/Staff	· ID		
Signature of medical pract MUST INCLUDE STAMP.	itior	ner —	
DATE OF EXAMINATION	1	1	FIT TO FIGHT YES NO
NAME of medical practitio	ner		
Registration Number/Staff	f ID		
Signature of medical pract MUST INCLUDE STAMP.	itior	ner _	
DATE OF EXAMINATION	1	I	FIT TO FIGHT YES NO
NAME of medical practitio	ner		
Registration Number/Staff	f ID		
Signature of medical pract MUST INCLUDE STAMP.	itior	ner _	

DATE OF EXAMINATION	1	1	FIT TO FIGHT YES NO
NAME of medical practition	ner		
Registration Number/Staff	ID		
Signature of medical pract MUST INCLUDE STAMP.	itior	ner —	
DATE OF EXAMINATION	1	1	FIT TO FIGHT YES NO
NAME of medical practition	nor		
Registration Number/Staff	טו		
Signature of medical pract MUST INCLUDE STAMP.	itior	ner —	
DATE OF EXAMINATION	1	1	FIT TO FIGHT YES NO
NAME of medical practitio	ner		
Registration Number/Staff	ID		
Signature of medical pract MUST INCLUDE STAMP.	itior	ner —	
DATE OF EXAMINATION	1	1	FIT TO FIGHT YES NO
NAME of medical practitio	ner		
Registration Number/Staff	· ID		
Signature of medical pract	itior	ner	

## **RECORD CARD**

ABOUT THE CONTEST				
VENUE				
DATE	OFFICIAL WEIGHT	KG		
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES		
OPPONENTS NAME:				
CONTEST MEDICA	L EXAMINATIONS			
THE FOLLOWING CERTIFICATIO FOLLOWING A MEDICAL EXAMINA PRACTITIONER BE	TION FROM A VERIFIE			
NAME OF MEDICAL PRACTIONE	R UNDERTAKING EXAMI	NATIONS		
PRE CONTEST MEDI I certify the the following pre-conte this con	est examination, in my			
is medically fit to participate in the proposed contest	is NOT medically fit to in the proposed cont this combatant shou ticipate in any comba medically suspended sport for a period of	est and that uld not par- at sport / be from combat		
SIGNATURE OF MEDICAL PRACTITION	NER			
RESULT WIN LOSS on points by retirement by disquereferee stop contest- Please specify	DRAW N	NO CONTEST by tko		
POST CONTEST MEDICAL EXAMINATION I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER				

## **RECORD CARD**

ABOUT THE CONTEST					
VENUE					
DATE	OFFICIAL WEIGHT KG				
SCHEDULED LENGTH OF CONTEST	ROUNDS X MINUTES				
OPPONENTS NAME :					
CONTEST MEDICA	AL EXAMINATIONS				
FOLLOWING A MEDICAL EXAMINA	NS MUST ONLY BE COMPLETED ATION FROM A VERIFIED MEDICAL FORE EACH BOUT.				
NAME OF MEDICAL PRACTIONE	R UNDERTAKING EXAMINATIONS				
I certify the the following pre-conte	ICAL EXAMINATION est examination, in my opinion, the mbatant				
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays				
SIGNATURE OF MEDICAL PRACTITI	ONER				
RESULT       WIN       LOSS       DRAW       NO CONTEST         on points       by retirement       by disqualification       by KQ       by tko         referee stop contest-       Please specify					
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically OTHER (PLEASE SPECIFY) suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER					

ABOUT THE CONTEST				
VENUE				
DATE	OFFICIAL WEIGHT	KG		
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES		
OPPONENTS NAME :				
CONTEST MEDICA	L EXAMINATIONS			
THE FOLLOWING CERTIFICATIO FOLLOWING A MEDICAL EXAMINA PRACTITIONER BE	ATION FROM A VERIFIEI			
NAME OF MEDICAL PRACTIONE	R UNDERTAKING EXAMII	NATIONS		
PRE CONTEST MEDI I certify the the following pre-conte this con	est examination, in my c			
is medically fit to participate in the proposed contest	is NOT medically fit to in the proposed conte this combatant shou ticipate in any comba medically suspended f sport for a period of _	est and that ld not par- t sport / be rom combat		
SIGNATURE OF MEDICAL PRACTITION	ONER			
RESULT       WIN       LOSS       DRAW       NO CONTEST         on points       by retirement       by disqualification       by KO       by tko         referee stop contest-       Please specify				
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER				

ABOUT THE CONTEST				
VENUE				
DATE	OFFICIAL WEIGHT KG			
SCHEDULED LENGTH OF CONTEST	ROUNDS X MINUTES			
OPPONENTS NAME:				
CONTEST MEDICA	AL EXAMINATIONS			
THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT.				
NAME OF MEDICAL PRACTIONE	R UNDERTAKING EXAMINATIONS			
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant				
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays			
SIGNATURE OF MEDICAL PRACTITI	ONER			
RESULT WIN LOSS on points by retirement by discreferee stop contest- Please specify	DRAW NO CONTEST			
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examina- tion, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER				

## **ABOUT THE CONTEST**

ADOUT THE CONTEST		
VENUE		
DATE	OFFICIAL WEIGHT	KG
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES
OPPONENTS NAME :		

## **CONTEST MEDICAL EXAMINATIONS**

NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS		
PRE CONTEST MEDI I certify the the following pre-conte this con	est examination, in my opinion, that	
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays	
SIGNATURE OF MEDICAL PRACTITION	ONER	
RESULT WIN LOSS on points by retirement by disquereferee stop contest- Please specify	DRAW NO CONTEST  ualification by KO by tko	
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER  DAYS OR  OTHER (PLEASE SPECIFY)		

ABOUT THE CONTEST		
VENUE		
DATE	OFFICIAL WEIGHT KG	
SCHEDULED LENGTH OF CONTEST	ROUNDS X MINUTES	
OPPONENTS NAME :		
CONTEST MEDICA	L EXAMINATIONS	
THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT.		
NAME OF MEDICAL PRACTIONE	R UNDERTAKING EXAMINATIONS	
DDF CONTECT MED	IOAL EVANUNATION	
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant		
is medically fit to participate in the proposed contest in the proposed contest and the this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofday		
SIGNATURE OF MEDICAL PRACTITIONER		
RESULT WIN LOSS on points by retirement by disc referee stop contest- Please specify	DRAW NO CONTEST	
POST CONTEST MEDICAL EXAMINATION		
I certify that following a post - contest examina- tion, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER		

## **ABOUT THE CONTEST**

ADOUT THE CONTEST		
VENUE		
DATE	OFFICIAL WEIGHT	KG
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES
OPPONENTS NAME :		

## **CONTEST MEDICAL EXAMINATIONS**

NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS		
PRE CONTEST MEDI I certify the the following pre-conte this con	est examination, in my opinion, that	
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays	
SIGNATURE OF MEDICAL PRACTITION	ONER	
RESULT WIN LOSS on points by retirement by disquereferee stop contest- Please specify	DRAW NO CONTEST  ualification by KO by tko	
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER  DAYS OR  OTHER (PLEASE SPECIFY)		

## **ABOUT THE CONTEST** VENUE DATE OFFICIAL WEIGHT KG SCHEDULED LENGTH OF CONTEST ROUNDS X **MINUTES** OPPONENTS NAME: **CONTEST MEDICAL EXAMINATIONS** THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT. NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS PRE CONTEST MEDICAL EXAMINATION I certify the the following pre-contest examination, in my opinion, that this combatant is NOT medically fit to participate is medically fit to participate in the proposed contest in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of \_\_\_\_\_days SIGNATURE OF MEDICAL PRACTITIONER **RESULT** WIN 1055 **DRAW** NO CONTEST

# POST CONTEST MEDICAL EXAMINATION I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER | DRAW | NO CONTEST | | Dy KO | by tko | | Dy KO | by tko | | Dy KO | by tko | | DAYS OR | | DAYS OR | | OTHER (PLEASE SPECIFY) | | SIGNATURE OF MEDICAL PRACTITIONER

ABOUT THE CONTEST			
VENUE			
DATE	OFFICIAL WEIGHT	KG	
SCHEDULED LENGTH OF CONTEST	SCHEDULED LENGTH OF CONTEST ROUNDS X MINUTES		
OPPONENTS NAME :			
CONTEST MEDICA	AL EXAMINATIONS	,	
THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT.			
NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS			
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant			
is medically fit to participate in the proposed contest  is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays		test and that uld not par- at sport / be from combat	
SIGNATURE OF MEDICAL PRACTITIONER			
RESULT WIN LOSS on points by retirement by discreferee stop contest- Please specify	DRAW DRAW Unalification by KO	NO CONTEST by tko	
POST CONTEST MEDICAL EXA I certify that following a post - conte tion, in my opinion, that this combat not participate in any combat sport , suspended from combat sport for a SIGNATURE OF MEDICAL PRACTITION	est examinat ant should / be medically0 period of	DAYS OR  OTHER (PLEASE SPECIFY)	

## **ABOUT THE CONTEST** VENUE DATE OFFICIAL WEIGHT KG SCHEDULED LENGTH OF CONTEST ROUNDS X MINUTES OPPONENTS NAME: **CONTEST MEDICAL EXAMINATIONS** THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT. NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS PRE CONTEST MEDICAL EXAMINATION I certify the the following pre-contest examination, in my opinion, that this combatant is medically fit to participate in is NOT medically fit to participate the proposed contest in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of \_ davs SIGNATURE OF MEDICAL PRACTITIONER **RESULT** WIN LOSS **DRAW** NO CONTEST

## POST CONTEST MEDICAL EXAMINATION I certify that following a post - contest examina DAYS OR

by disqualification

by tko

by KO

tion, in my opinion, that this combatant should not participate in any combat sport / be medically — **OTHER** (PLEASE SPECIFY) suspended from combat sport for a period of

SIGNATURE OF MEDICAL PRACTITIONER

by retirement

on points

ABOUT THE CONTEST		
VENUE		
DATE	OFFICIAL WEIGHT	KG
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES
OPPONENTS NAME :		
CONTEST MEDICAL EYAMINATIONS		

NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS		
PRE CONTEST MEDI I certify the the following pre-conte this con	est examination, in my opinion, that	
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays	
SIGNATURE OF MEDICAL PRACTITIONER		
RESULT WIN LOSS on points by retirement by disquereferee stop contest- Please specify	DRAW NO CONTEST  ualification by KO by tko	
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER  DAYS OR  OTHER (PLEASE SPECIFY)		

# ABOUT THE CONTEST VENUE DATE OFFICIAL WEIGHT KG SCHEDULED LENGTH OF CONTEST ROUNDS X MINUTES

OPPONENTS NAME:

## **CONTEST MEDICAL EXAMINATIONS**

NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS		
PRE CONTEST MEDI I certify the the following pre-conte this con	est examination, in my opinion, that	
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays	
SIGNATURE OF MEDICAL PRACTITIONER		
RESULT       WIN       LOSS       DRAW       NO CONTEST         on points       by retirement       by disqualification       by KQ       by tko         referee stop contest-       Please specify		
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically OTHER (PLEASE SPECIFY) suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER		

ABOUT THE CONTEST		
VENUE		
DATE	OFFICIAL WEIGHT	KG
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES
OPPONENTS NAME :		
CONTEST MEDICA	AL EXAMINATIONS	S
THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT.		
NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS		
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant		
is medically fit to participate in the proposed contest	is NOT medically fit in the proposed cor this combatant sho ticipate in any com medically suspended sport for a period o	ntest and that ould not par- bat sport / be d from combat
SIGNATURE OF MEDICAL PRACTITIONER		
RESULT WIN LOSS on points by retirement by disq	DRAW Ualification by KO	NO CONTEST

## POST CONTEST MEDICAL EXAMINATION

I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of

DAYS OR

SIGNATURE OF MEDICAL PRACTITIONER

referee stop contest- Please specify

# ABOUT THE CONTEST VENUE DATE OFFICIAL WEIGHT KG SCHEDULED LENGTH OF CONTEST ROUNDS X MINUTES OPPONENTS NAME:

## **CONTEST MEDICAL EXAMINATIONS**

NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS		
PRE CONTEST MEDI I certify the the following pre-conte this con	est examination, in my opinion, that	
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays	
SIGNATURE OF MEDICAL PRACTITION	ONER	
RESULT WIN LOSS on points by retirement by disc referee stop contest- Please specify	DRAW NO CONTEST	
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examina- tion, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER		

ABOUT THE CONTEST		
VENUE		
DATE	OFFICIAL WEIGHT	KG
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES
OPPONENTS NAME :		
CONTEST MEDICA	L EXAMINATION	S
THE FOLLOWING CERTIFICATION FOLLOWING A MEDICAL EXAMINATION PRACTITIONER BE		
NAME OF MEDICAL PRACTIONE	R UNDERTAKING EXAI	MINATIONS
PRE CONTEST MED I certify the the following pre-conte		
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays	
SIGNATURE OF MEDICAL PRACTITIONER		
RESULT WIN LOSS on points by retirement by disq referee stop contest- Please specify	DRAW ualification by KO	NO CONTEST by tko
POST CONTEST MEDICAL EXA I certify that following a post - conte tion, in my opinion, that this combat not participate in any combat sport / suspended from combat sport for a   SIGNATURE OF MEDICAL PRACTITIO	est examina ant should be medically period of	_ DAYS OR _ OTHER (PLEASE SPECIFY)

ABOUT THE CONTEST			
VENUE			
DATE	OFFICIAL WEIGHT KG		
SCHEDULED LENGTH OF CONTEST	ROUNDS X MINUTES		
OPPONENTS NAME :			
CONTEST MEDICA	L EXAMINATIONS		
THE FOLLOWING CERTIFICATIO FOLLOWING A MEDICAL EXAMINA PRACTITIONER BE	TION FROM A VERIFIED MEDICAL		
NAME OF MEDICAL PRACTIONE	R UNDERTAKING EXAMINATIONS		
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant			
is medically fit to participate in the proposed contest in the proposed contest this combatant should not ticipate in any combat sport medically suspended from compart for a period of			
SIGNATURE OF MEDICAL PRACTITIONER			
RESULT WIN LOSS on points by retirement by disc referee stop contest- Please specify	DRAW NO CONTEST		
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER			

ABOUT THE CONTEST			
VENUE			
DATE	OFFICIAL WEIGHT KG		
SCHEDULED LENGTH OF CONTEST	ROUNDS X MINUTES		
OPPONENTS NAME :			
CONTEST MEDICA	AL EXAMINATIONS		
THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT.			
NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS			
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant			
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays		
SIGNATURE OF MEDICAL PRACTITIONER			
RESULT WIN LOSS on points by retirement by disquereferee stop contest- Please specify	DRAW NO CONTEST  ualification by KO by tko		
POST CONTEST MEDICAL EXA I certify that following a post - conte tion, in my opinion, that this combat not participate in any combat sport, suspended from combat sport for a	est examina- ant should be medically  — OTHER (PLEASE SPECIFY)		

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SIGNATURE OF MEDICAL PRACTITIONER

## **ABOUT THE CONTEST** VENUE DATE OFFICIAL WEIGHT KG SCHEDULED LENGTH OF CONTEST ROUNDS X MINUTES OPPONENTS NAME: **CONTEST MEDICAL EXAMINATIONS** THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT. NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS PRE CONTEST MEDICAL EXAMINATION I certify the the following pre-contest examination, in my opinion, that this combatant is medically fit to participate in is NOT medically fit to participate the proposed contest in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of \_ davs

## SIGNATURE OF MEDICAL PRACTITIONER **RESULT** WIN LOSS **DRAW** NO CONTEST by retirement by disqualification by tko on points by KO referee stop contest- Please specify POST CONTEST MEDICAL EXAMINATION I certify that following a post - contest examina-**DAYS OR** tion, in my opinion, that this combatant should OTHER (PLEASE SPECIFY) not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER

ABOUT THE CONTEST			
VENUE			
DATE	OFFICIAL WEIGHT	KG	
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES	
OPPONENTS NAME :			
CONTEST MEDICA	L EXAMINATIONS		
THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT.			
NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS			
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant			
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays		
SIGNATURE OF MEDICAL PRACTITIONER			
RESULT       WIN       LOSS       DRAW       NO CONTEST         on points       by retirement       by disqualification       by KO       by tko         referee stop contest-       Please specify			
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER			

## **ABOUT THE CONTEST** VENUE

SCHEDULED LENGTH OF CONTEST

ROUNDS X

OFFICIAL WEIGHT

**MINUTES** 

KG

OPPONENTS NAME:

DATE

## **CONTEST MEDICAL EXAMINATIONS**

NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS		
PRE CONTEST MEDICAL EXAMINATION I certify the the following pre-contest examination, in my opinion, that this combatant		
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays	
SIGNATURE OF MEDICAL PRACTITIONER		
RESULT       WIN       LOSS       DRAW       NO CONTEST         on points       by retirement       by disqualification       by KQ       by tko         referee stop contest-       Please specify		
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examina- tion, in my opinion, that this combatant should not participate in any combat sport / be medically OTHER (PLEASE SPECIFY) suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER		

ABOUT THE CONTEST		
VENUE		
DATE	OFFICIAL WEIGHT	KG
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES
OPPONENTS NAME:		
CONTEST MEDICA	L EXAMINATIONS	
THE FOLLOWING CERTIFICATION FOLLOWING A MEDICAL EXAMINATION PRACTITIONER BE		-
NAME OF MEDICAL PRACTIONE	R UNDERTAKING EXAM	INATIONS
PRE CONTEST MEDICAL EXAMINATION I certify the the following pre-contest examination, in my opinion, that this combatant		
is medically fit to participate in the proposed contest	is NOT medically fit to in the proposed con this combatant sho ticipate in any comb medically suspended sport for a period of	test and that buld not par- bat sport / be I from combat
SIGNATURE OF MEDICAL PRACTITIONER		
RESULT WIN LOSS on points by retirement by disq referee stop contest- Please specify	DRAW Understand DRAW Dy KO	NO CONTEST

## POST CONTEST MEDICAL EXAMINATION

I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of

\_\_\_ DAYS OR

\_\_\_\_OTHER (PLEASE SPECIFY)

SIGNATURE OF MEDICAL PRACTITIONER

# ABOUT THE CONTEST VENUE DATE OFFICIAL WEIGHT KG SCHEDULED LENGTH OF CONTEST ROUNDS X MINUTES

OPPONENTS NAME:

## **CONTEST MEDICAL EXAMINATIONS**

NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS		
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant		
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays	
SIGNATURE OF MEDICAL PRACTITIONER		
RESULT       WIN       LOSS       DRAW       NO CONTEST         on points       by retirement       by disqualification       by KO       by tko         referee stop contest-       Please specify		
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically — OTHER (PLEASE SPECIFY) suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER		

ABOUT THE CONTEST			
VENUE			
DATE	OFFICIAL WEIGHT	KG	
SCHEDULED LENGTH OF CONTEST	ROUNDS X	MINUTES	
OPPONENTS NAME :			
CONTEST MEDICA	L EXAMINATIONS		
THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT.			
NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS			
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant			
is medically fit to participate in the proposed contest	is NOT medically fit to participate in the proposed contest and that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period ofdays		
SIGNATURE OF MEDICAL PRACTITIONER			
RESULT       WIN       LOSS       DRAW       NO CONTEST         on points       by retirement       by disqualification       by KO       by tko         referee stop contest-       Please specify			
POST CONTEST MEDICAL EXAMINATION  I certify that following a post - contest examination, in my opinion, that this combatant should not participate in any combat sport / be medically suspended from combat sport for a period of SIGNATURE OF MEDICAL PRACTITIONER			

ABOUT THE CONTEST			
VENUE			
DATE	OFFICIAL WEIGHT	KG	
SCHEDULED LENGTH OF CONTEST	ROUNDS X MINUT	ES	
OPPONENTS NAME :			
CONTEST MEDICA	L EXAMINATIONS		
THE FOLLOWING CERTIFICATIONS MUST ONLY BE COMPLETED FOLLOWING A MEDICAL EXAMINATION FROM A VERIFIED MEDICAL PRACTITIONER BEFORE EACH BOUT.			
NAME OF MEDICAL PRACTIONER UNDERTAKING EXAMINATIONS			
PRE CONTEST MEDICAL EXAMINATION  I certify the the following pre-contest examination, in my opinion, that this combatant			
is medically fit to participate in the proposed contest			
SIGNATURE OF MEDICAL PRACTITIONER			
RESULT WIN LOSS on points by retirement by disc referee stop contest- Please specify	DRAW NO CONTE	ST	
POST CONTEST MEDICAL EXAMINATION IN MY OPINION, that this combation, in my opinion, that this combation participate in any combat sport suspended from combat sport for a SIGNATURE OF MEDICAL PRACTITION.	est examina	SPECIFY)	

