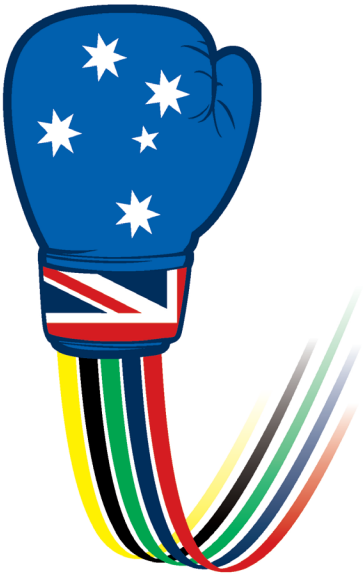


MBA

MASTERS BOXING AUSTRALIA

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.

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 1 month old from the first day of competition. This can be downloaded here https://www.mastersboxingaustralia.com.au/forms

Please Note:

1. 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.

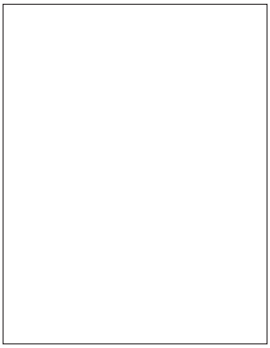
Yours sincerely,

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

MBA
MASTERS BOXING AUSTRALIA



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 certifcate.

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 / /	**FIT TO FIGHT** ☐ **YES** ☐ **NO**
NAME of medical practitioner or pathology service provider issuing the clearance.	
Registration Number/Staff ID	
Signature of medical practitioner or pathology service provider. **MUST INCLUDE STAMP.**	

DATE OF BLOOD TESTS / /	**FIT TO FIGHT** ☐ **YES** ☐ **NO**
NAME of medical practitioner or pathology service provider issuing the clearance.	
Registration Number/Staff ID	
Signature of medical practitioner or pathology service provider. **MUST INCLUDE STAMP.**	

DATE OF BLOOD TESTS / /	**FIT TO FIGHT** ☐ **YES** ☐ **NO**
NAME of medical practitioner or pathology service provider issuing the clearance.	
Registration Number/Staff ID	
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DATE OF BLOOD TESTS / /	**FIT TO FIGHT** ☐ **YES** ☐ **NO**
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DATE OF BLOOD TESTS / /	**FIT TO FIGHT** ☐ **YES** ☐ **NO**
NAME of medical practitioner or pathology service provider issuing the clearance.	
Registration Number/Staff ID	
Signature of medical practitioner or pathology service provider. **MUST INCLUDE STAMP.**	

DATE OF BLOOD TESTS / /	**FIT TO FIGHT** ☐ **YES** ☐ **NO**
NAME of medical practitioner or pathology service provider issuing the clearance.	
Registration Number/Staff ID	
Signature of medical practitioner or pathology service provider. **MUST INCLUDE STAMP.**	

DATE OF BLOOD TESTS / /	**FIT TO FIGHT** ☐ **YES** ☐ **NO**
NAME of medical practitioner or pathology service provider issuing the clearance.	
Registration Number/Staff ID	
Signature of medical practitioner or pathology service provider. **MUST INCLUDE STAMP.**	

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 theCertificate 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 information-should 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 complica-tiong 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 / / **FIT TO FIGHT** ☐ **YES** ☐ **NO**

NAME of medical practitioner ____________________

Registration Number/Staff ID ____________________

Signature of medical practitioner
MUST INCLUDE STAMP. ____________________

DATE OF EXAMINATION / / **FIT TO FIGHT** ☐ **YES** ☐ **NO**

NAME of medical practitioner ____________________

Registration Number/Staff ID ____________________

Signature of medical practitioner
MUST INCLUDE STAMP. ____________________

DATE OF EXAMINATION / / **FIT TO FIGHT** ☐ **YES** ☐ **NO**

NAME of medical practitioner ____________________

Registration Number/Staff ID ____________________

Signature of medical practitioner
MUST INCLUDE STAMP. ____________________

DATE OF EXAMINATION / /

FIT TO FIGHT ☐ **YES** ☐ **NO**

NAME of medical practitioner ____________________

Registration Number/Staff ID ____________________

Signature of medical practitioner
MUST INCLUDE STAMP. ____________________

DATE OF EXAMINATION / /

FIT TO FIGHT ☐ **YES** ☐ **NO**

NAME of medical practitioner ____________________

Registration Number/Staff ID ____________________

Signature of medical practitioner
MUST INCLUDE STAMP. ____________________

DATE OF EXAMINATION / /

FIT TO FIGHT ☐ **YES** ☐ **NO**

NAME of medical practitioner ____________________

Registration Number/Staff ID ____________________

Signature of medical practitioner
MUST INCLUDE STAMP. ____________________

DATE OF EXAMINATION / /

FIT TO FIGHT ☐ **YES** ☐ **NO**

NAME of medical practitioner ____________________

Registration Number/Staff ID ____________________

Signature of medical practitioner
MUST INCLUDE STAMP. ____________________

DATE OF EXAMINATION / / **FIT TO FIGHT** ☐ **YES** ☐ **NO**

NAME of medical practitioner

Registration Number/Staff ID

Signature of medical practitioner
MUST INCLUDE STAMP.

DATE OF EXAMINATION / / **FIT TO FIGHT** ☐ **YES** ☐ **NO**

NAME of medical practitioner

Registration Number/Staff ID

Signature of medical practitioner
MUST INCLUDE STAMP.

DATE OF EXAMINATION / / **FIT TO FIGHT** ☐ **YES** ☐ **NO**

NAME of medical practitioner

Registration Number/Staff ID

Signature of medical practitioner
MUST INCLUDE STAMP.

DATE OF EXAMINATION / / **FIT TO FIGHT** ☐ **YES** ☐ **NO**

NAME of medical practitioner

Registration Number/Staff ID

Signature of medical practitioner
MUST INCLUDE STAMP.

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 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 of _____days

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

☐ ___ **DAYS OR**

☐ ___ **OTHER** (PLEASE SPECIFY)

_____

SIGNATURE OF MEDICAL PRACTITIONER

_____

RECORD CARD

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

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SIGNATURE OF MEDICAL PRACTITIONER

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ABOUT THE CONTEST

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

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SIGNATURE OF MEDICAL PRACTITIONER

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ABOUT THE CONTEST

VENUE		
DATE	OFFICIAL WEIGHT	KG
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SIGNATURE OF MEDICAL PRACTITIONER

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ABOUT THE CONTEST

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

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

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RESULT ☐ WIN ☐ LOSS ☐ DRAW ☐ NO CONTEST

on points ☐ by retirement ☐ by disqualification ☐ by KO ☐ by tko ☐

referee stop contest- *Please specify* _____

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