

Applicant's Name:			
HEART	Heart rate, counted at the apex for one minute -		
	If over 90, re-check and record temperature -		
	Any disturbance of cardiac rhythm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any indication of disease of the heart or blood vessel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ABDOMEN	Does examination reveal any abnormality?		
	If yes, describe:		
HERNIA	Does examination reveal any evidence?		
	If yes, describe:		
KNEES	Are knee jerks present and equal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NERVES	Any evidence of disease of the nervous system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VARICOSE	If varicose veins are present, please describe:		
X-RAYS	Chest Xray	normal	abnormal
BLOOD	Blood Count	Bleeding Time	Coagulation Time
INFECTION TYPES	HIV Test	normal	abnormal
	Hepatitis B Test	normal	abnormal
	Hepatitis C Test	normal	abnormal
URINE	Specific Gravity:	Albumen:	Sugar:
SEROLOGICAL	Is there any evidence of syphilis?		
	If 'yes' please describe condition:		
ECG	ECG Report	normal	abnormal
	Attach copy of reports.		
TO BE COMPLETED FOR ALL APPLICANTS			
GENERAL	Is there any condition or disorder evident, not covered by the above information, that requires additional examination or that would debar the applicant from participation in a boxing or mixed martial arts event?		
	If 'yes' please describe:		
FITNESS	Applicant is considered	Fit	Not Fit
	to take part in boxing and mixed martial arts matches.		
SIGNATURE	Medical Examiner (please print)		
DATE			
Medical Office Phone Number:			
Medical Office Address:			

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