

NANAIMO ATHLETIC COMMISSION MEDICAL FORMS

Part 1 of the Medical is filled in and signed by the Contestant and Medical Practitioner. Part 2 of the Medical is a confirmation of the Medical Examination completed by your doctor. Note: Attach Medical Examination. For Female Contestants – Pregnancy eliminates Female Contestants from participation. Part 3 – a 30 day History Declaration also requires your signature.

PART 1 - IMMEDIATE PRE-FIGHT MEDICAL (Examination to be completed by Event Medical Practitioner and Contestant)

Name: _____ BC Medical #: _____

Past hospital visits and/or surgeries: (give reason and date): _____

Allergies: _____

Medications used regularly: _____

Do you smoke? _____ How much? _____

Height _____ Weight at Weigh In _____ Confirmed by NAC _____

Have you suffered or do you now suffer from any of the following:

| | YES | NO | | YES | NO |
|----------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|
| Visual Disturbance | <input type="checkbox"/> | <input type="checkbox"/> | Mononucleosis | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye Problems | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis/Jaundice | <input type="checkbox"/> | <input type="checkbox"/> |
| Bleeding Tendencies | <input type="checkbox"/> | <input type="checkbox"/> | Skin Problem | <input type="checkbox"/> | <input type="checkbox"/> |
| Seizures/Convulsions | <input type="checkbox"/> | <input type="checkbox"/> | Headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric Problem | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Joint Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia | <input type="checkbox"/> | <input type="checkbox"/> | Major Joint Injury | <input type="checkbox"/> | <input type="checkbox"/> |
| High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Ear/Hearing Problem | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Problem | <input type="checkbox"/> | <input type="checkbox"/> | Intestinal Problem | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney Problem | <input type="checkbox"/> | <input type="checkbox"/> | Broken Bones | <input type="checkbox"/> | <input type="checkbox"/> |
| Mouth/Throat Disease | <input type="checkbox"/> | <input type="checkbox"/> | Glands Enlargement | <input type="checkbox"/> | <input type="checkbox"/> |
| Abdomen Abnormality | <input type="checkbox"/> | <input type="checkbox"/> | Nerves Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Drugs Use | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Details of any "YES" answers above: _____

Have you even been in contact with, been examined for, or had a blood test for "AIDS"? _____

Results of HIV (AIDS) test: _____

Do you have any other health problems not covered by the above questions? _____

I declare the above answers to be complete and true.

Signature of contestant

Date

Reviewed by Medical Practitioner & approved to participate.

Signature of Practitioner

Date

NOTE: FIGHTERS ARE RESPONSIBLE FOR THEIR OWN MEDICAL INSURANCE

PART 2 - DOCTOR'S MEDICAL

A Nanaimo Athletic Commission Medical Examination completed by your doctor within the last 60 days authorizing that you are fit to participate in the combatant sport event must be *attached to this application*. For female contestants – pregnancy eliminates female contestants from participation.

NANAIMO ATHLETIC COMMISSION PART 3 - 30 DAY HISTORY DECLARATION MEDICAL

I have not suffered a knockout, or technical knockout or otherwise been rendered unconscious, within the past 30 days. I am currently not under suspension by any athletic or in "regulated sports" commission.

Signature of contestant

Date

Approved by Nanaimo Athletic Commission

Date