



CERTIFICATE OF FITNESS AND BLOOD TESTING

All contestants over 15 years of age are required to provide laboratory blood tests for HIV antibody, Hepatitis B Surface Antigen and Hepatitis C Antibody. These results must show no evidence of HIV, Hepatitis B or Hepatitis C and must be submitted prior to the event. Laboratory Blood Test results are valid for 1 year and must be updated and maintained to remain compliant. Contestants aged 11-15 years are not required to provide laboratory blood tests but they must complete the Medical Professional Declaration (below). Competitors aged 10 years and under have the option to be evaluated by the Doctor on fight day (no form required).

CONTESTANT INFORMATION

First Name:	Last Name:
Date of Birth:	Gender:
Height (cm):	Weight (kg):
Mobile:	
Email:	

MEDICAL PROFESSIONAL DECLARATION

Medical Practitioner Name:	
Practice Address:	

I certify that I have sighted the results of blood testing of the Contestant: **YES / NO**

Date of Tests: ___/___/___

Is there evidence of the athlete's blood being infected with (please circle relevant answer):

HIV YES / NO **HEPATITIS B** YES / NO **HEPATITIS C** YES / NO

I declare the Contestant is physically **FIT / UNFIT** to compete in amateur combat sports.

COMMENTS: (If applicable)

Medical Practitioner Signature:

Date:

Medical Practitioner Stamp (if available):