Nova Scotia Combat Sports Authority

Referee Medical

741 Bedford Highway
Halifax, NS B3M 2M1
phone: 902 457–0413
phone:902-869-3696
fax: 902 484-6937

Applicant	Name of Applicant:	Age	Date of Birth (YR/MM/DD)
	Address:		Postal Code:
History of Previous Illness, Accident or Operation			
Hearing	Any Impairment?	☐ Yes	☐ No
Vision	Pupils equal?	☐ Yes	☐ No
	React to light and accommodation?	☐ Yes	☐ No
	Funduscopic examination normal?	☐ Yes	☐ No
	Far Vision R L: Uncorrected /20 /20; Corrected /20 /20 — **Near Vision** Read Regular Newsprint at 18: R L; Uncorrected _____ _____; Corrected _____ _____		
	Is there any abnormality of color vision? Is there any abnormality of visual fields?	☐ Yes	☐ No
Mouth	Any disease of the mouth, throat, nose and ears?	☐ Yes	☐ No
Glands	Any enlargement of the thyroid or lymphatic glands?	☐ Yes	☐ No
Respiratory	Any evidence of acute or chronic respiratory disease?	☐ Yes	☐ No
Blood Pressure	Initial / Additional — Systolic _____ _____; Diastolic _____ _____	**Repeat at End of Examination if Over 140/90**	
Heart	Heart Rate, counted at the apex for one minute _____		
	Any disturbance of cardiac rhythm?	☐ Yes	☐ No
	Any indication of the disease of the heart or blood vessel?	☐ Yes	☐ No
Abdomen	Does examination reveal any abnormality? ☐ Yes ☐ No (if 'yes' please describe) _____		
Hernia	Is there a hernia evident?	☐ Yes	☐ No
Reflexes	Are knee jerks present and equal?	☐ Yes	☐ No
Nerves	Any disorders of the nervous system present?	☐ Yes	☐ No
Alcohol And Drugs	Is there evidence of the use of alcoholic beverages?	☐ Yes	☐ No
	Is there evidence of the use of stimulating drugs?	☐ Yes	☐ No

General	Is there any evidence of any condition or disorder not covered by the above information that requires additional examination or that would prevent the applicant from refereeing in a safe and effective manner?	☐ Yes ☐ No
Certification	This is to certify that the above-named referee was examined by me and that as a result of the examination, is considered ☐ **Fit** ☐ **Unfit** to referee	

Date:_____ Name: _____

Address:_____

Signature:_____ Phone: _____

(Medical Examiner)

First Time Applicants

- Complete exam as per this form
- ECG
- Chest X-ray
- Urinalysis
- Complete blood count (Profile and Differential)
- Yearly exam applicable up to 30 + urine
- Test and complete blood count

For Relicense Yearly

over 30 years to 40 years

- Complete exam yearly
- ECG every 5 years
- Chest X-ray every 5 years
- Urinalysis yearly
- Complete blood count yearly

For Relicense Over 40 Years

- ECG every 2 Years
- Chest X-ray every 2 years
- Urinalysis yearly
- Complete blood count yearly

Space For Additional Information

The Nova Scotia Combat Sports Authority reserves the right to request a medical examination by the Authority Medical Advisor or a specialist to be designated by him in the event he may believe that such referee may have a medical condition which could interfere with the safe and effective discharge of duty as a referee.