

Please circle One:

MMA    BOXER

# Nova Scotia Combat Sports Authority

## Contestant Six Month Blood Requirements

741 Bedford Highway  
Halifax, NS B3M 2M1  
phone: 902 457-0413  
phone: 902-869-3696  
fax: 902 869-3707

### Applicant

Name in Full		Age	Date of Birth (dd/ mm/ yy)
Address	City, Province	Postal Code	Phone Number

### The following tests must be conducted:

**Hepatitis B Screening:** Surface Antigen, Core Antibody and Surface Antibody (Attach copies of reports)

**Hepatitis C Screening:** (Attach copies of reports)

**HIV Screening:** (Attach copies of reports)

**Serological: (Syphilis)** (Attach copy of report)

Is there any evidence of syphilis?    Yes \_\_\_\_\_ No \_\_\_\_\_

If 'yes' please describe condition:

### 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 participating in combat sports?    Yes \_\_\_\_\_ No \_\_\_\_\_

If 'yes' please identify and describe:

*NOTE: Please ensure all medical reports are attached or are sent to the Nova Scotia Combat Sports Authority at the address on page 1 or fax to 902 869-3707.*

Signature of Medical Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Examiners Office Stamp: