Please circle one:

MMA BOXER

Nova Scotia Combat Sports Authority INITIAL AND ANNUAL MEDICAL EXAMINATION

741 Bedford Highway Halifax, NS B3M 2M1 phone: 902 869-3696

phone: 902-457-0413 fax: 902 869-3707

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Name in Full		Age Date of Birth (dd/ mm/ yy)
Address	City, Province	Postal Code Phone Number
Diagon indicate whether this modical is at First time and	plicant OD License r	anouval
Please indicate whether this medical is a: First time app	plicant OR License in	enewai
Please provide a brief medical history of the applicant	or an updated history:	
The following tests and surveys shall be conducted up	oon all applicants:	
HEARING Any hearing impairment?		Yes No
If 'yes' please describe:		
(With history of otorrhea, describe auditory canals and di	rains)	
VISION Uncorrected vision R L	Pupils Equal?	Yes No
Corrected vision R L	React to light and accommodation	on? Yes No
	Fundiscopic examination norma	l? Yes No
MOUTH Any disease of the mouth or throat?		Yes No
GLANDS Any enlargement of the thyroid or lymphati	c glands?	Yes No
RESPIRATORY Any evidence of acute or respirate	ory disease(s)?	Yes No
BLOOD PRESSURE Initial	Additional	
Systolic/	/	
Diastolic/	/ (at	disappearance of sound)
HEART Heart rate, counted at the apex for one min	nute	
(If over 90, re-check and record temperatu	re)	
Any disturbance of cardiac rhythm?		Yes No
Any indication of the disease of the heart of	r blood vessels?	Yes No
ABDOMEN Does examination reveal any abnormality	/?	Yes No
If 'yes' please describe:		
HERNIA Does examination reveal any evidence		Yes No
If 'yes' please describe:		
KNEES Are knee jerks present and equal?		Yes No
NERVES Any evidence of disease of the nervous	system?	Yes No
VARICOSE Are varicose veins present?		Yes No
If 'yes' please describe:		

BLOOD	Blood Count CBC		(Attach copy of report)	
	Coagulation Time INR	- Differential	PTT	(Attach copy of report)
	Fasting Glucose	Hemoglobin A10	;	(Attach copy of report)
	Hepatitis B Screening: *S	Surface Antigen,*Core Antiboo	l <u>y</u> &* <u>Surface Antibody (</u>	Attach copies of reports)
	HIV Screening (Attach co	opies of report)		
	Serological (Attach copy	of report)		
	Is there any evidence of sy	/philis?		Yes No
	If 'yes' please describe cor	ndition:		
URINE	Specific gravity	Albumen	Sugar	
PLEASE	NOTE THE SPECIFICA	ATIONS OF THE FOLLO	WING REQUIREM	IENTS:
SPECIFICA:	TION: The following is required f	for a first-time applicant only unti	the applicant reaches th	e age of 29. Applicants
petween the	age of 30 and 39 require the Ek	KG bi-annually and applicants 40	+ years of age require an	annual EKG.
EKG	Normal	Abnormal (<u>A</u>	ttach copy of report)	
SPECIFICA:	TION: The following is required f	for a <u>first-time applicant ONLY</u> ur	nless Medical Advisor req	uests otherwise
Chest X-	Ray Normal	Abnormal (A	Attach a copy of repo	rt)
Chest X-	•	·		
	•	Abnormal (A		
<u>SPECIFICA</u>	TION: The following is required f	·	annually unless Medical A	
<u>SPECIFICA:</u>	TION: The following is required f	for a <u>first-time applicant,</u> then <u>bi-</u>	annually unless Medical A	
<u>SPECIFICA</u>	TION: The following is required f	for a <u>first-time applicant,</u> then <u>bi-</u>	annually unless Medical A	
<u>SPECIFICA</u> Exam by	TION: The following is required f	for a <u>first-time applicant,</u> then <u>bi-a</u>	annually unless Medical A	
SPECIFICATE Exam by BENERAL Is there any	TION: The following is required for Optometrist or Ophthall of the completed for all apply condition or disorder evidents	for a <u>first-time applicant</u> , then <u>bi-a</u> almologist (<u>Attach copy o</u> blicants) t, not covered by the above in	annually unless Medical A	Advisor requests otherwise additional examination or
Exam by ENERAL Is there any that would of	TION: The following is required for the completed for all applications or disorder evident debar the applicant from boxi	for a <u>first-time applicant</u> , then <u>bi-a</u> almologist (<u>Attach copy o</u> blicants) t, not covered by the above in	annually unless Medical A	Advisor requests otherwise additional examination or
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EXAM by EXAM by ENERAL Is there any that would of 'yes' please EITNESS Applicant is	Optometrist or Ophtha (To be completed for all appropriate the applicant from boxisse identify and describe: sconsidered: FIT	for a first-time applicant, then bi-a almologist (Attach copy of policants) t, not covered by the above in ng? NOT FIT to take p	annually unless Medical Afreport) formation that requires part in combat sport ma	additional examination or Yes No
EXAM by EXAM by ENERAL Is there any that would of 'yes' please EITNESS Applicant is	TION: The following is required for Optometrist or Ophtha (To be completed for all approximately condition or disorder evident debar the applicant from boximately and describe: see ensure all medical reports are	for a first-time applicant, then bi-a almologist (Attach copy o	annually unless Medical Afreport) formation that requires part in combat sport ma	additional examination or Yes No
EXAM by EXAM by ENERAL Is there any that would of fyes' please EITNESS Applicant is NOTE: Please fax to 902 86	Optometrist or Ophtha (To be completed for all appropriate the applicant from boxisse identify and describe: se ensure all medical reports are 69-3707.	for a first-time applicant, then bi-a almologist (Attach copy of policants) t, not covered by the above in ng? NOT FIT to take p	annually unless Medical Afreport) formation that requires part in combat sport management as Scotia Boxing Authority	additional examination or Yes No
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