

Please circle one:

# Nova Scotia Combat Sports Authority INITIAL AND ANNUAL MEDICAL EXAMINATION

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

## APPLICANT

Name in Full		Age	Date of Birth (dd/ mm/ yy)
Address	City, Province	Postal Code	Phone Number
Please indicate whether this medical is a: <b>First time applicant</b> _____ OR <b>License renewal</b> _____			

Please provide a brief medical history of the applicant or an updated history:


The following tests and surveys shall be conducted upon all applicants:

<b>HEARING</b>	Any hearing impairment?	Yes _____ No _____
If 'yes' please describe: <i>(With history of otorrhea, describe auditory canals and drains)</i> _____		
<b>VISION</b>	Uncorrected vision    R _____ L _____    Pupils Equal?	Yes _____ No _____
	Corrected vision    R _____ L _____    React to light and accommodation?	Yes _____ No _____
		Fundiscopic examination normal?    Yes _____ No _____
<b>MOUTH</b>	Any disease of the mouth or throat?	Yes _____ No _____
<b>GLANDS</b>	Any enlargement of the thyroid or lymphatic glands?	Yes _____ No _____
<b>RESPIRATORY</b>	Any evidence of acute or respiratory disease(s)?	Yes _____ No _____
<b>BLOOD PRESSURE</b>	Initial	Additional
	Systolic    _____ / _____	_____ / _____
	Diastolic    _____ / _____	_____ / _____ <i>(at disappearance of sound)</i>
<b>HEART</b>	Heart rate, counted at the apex for one minute _____ <i>(If over 90, re-check and record temperature)</i> _____	
	Any disturbance of cardiac rhythm?	Yes _____ No _____
	Any indication of the disease of the heart or blood vessels?	Yes _____ No _____
<b>ABDOMEN</b>	Does examination reveal any abnormality?	Yes _____ No _____
<i>If 'yes' please describe:</i>		
<b>HERNIA</b>	Does examination reveal any evidence	Yes _____ No _____
<i>If 'yes' please describe:</i>		
<b>KNEES</b>	Are knee jerks present and equal?	Yes _____ No _____
<b>NERVES</b>	Any evidence of disease of the nervous system?	Yes _____ No _____
<b>VARICOSE</b>	Are varicose veins present?	Yes _____ No _____
<i>If 'yes' please describe:</i>		

