

**Nova Scotia Combat Sports Authority**  
**MEDICAL EXAMINATION FORM FOR JUDGES,**  
**TIMEKEEPERS AND KNOCKDOWN COUNTERS**

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

**Applicant**

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

**General** (To be completed for all applicants)

Is there any condition or disorder evident, not covered by the above information that requires additional examination or that would debar the applicant from judging the sport of boxing? Yes \_\_\_\_ No \_\_\_\_  
If 'yes' please identify and describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fitness**

Applicant is considered: **FIT** \_\_\_\_ **NOT FIT** \_\_\_\_ to take part in boxing matches.

*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: \_\_\_\_\_

Stamp by Medical Examiner: