

Nova Scotia Combat Sports Authority

INITIAL AND ANNUAL MEDICAL EXAMINATION

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

Please circle one:
MMA BOXER

APPLICANT

Name in Full		Age	Date of Birth (dd/mm/yy)
Address	City, Province	Postal Code	Phone Number
Please indicated whether this medical is a: First time applicant _____ or License Renewal _____			

Please provide a brief medical history of the applicant or an updated history including headaches, vision changes/fatigue, nausea, dizziness, head injuries or concussions:

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

HEARING:	Any impairment	YES _____	NO _____
if 'yes' please describe:			
<i>(With history of otorrhea, describe auditory canals and drains)</i> _____			
VISION	Uncorrected vision R _____ L _____	Pupils Equal?	YES _____ NO _____
	Corrected vision R _____ L _____	React to light and accommodation	YES _____ NO _____
		Fundiscopic examination normal?	YES _____ NO _____
MOUTH	Any disease of the mouth or throat?		YES _____ NO _____
GLANDS	Any enlargement of the thyroid or lymphatic glands?		YES _____ NO _____
RESPIRATORY	Any evidence of acute or respiratory disease(s)		YES _____ NO _____
BLOOD PRESSURE	Initial	Additional	
	Systolic _____ / _____	_____ / _____	
	Diastolic _____ / _____	_____ / _____	<i>(at disappearance of sound)</i>
HEART	Heart rate, counted at the apex for one minute _____		
	<i>(if over 90, re-check and record temperature)</i> _____		
	Any disturbance of cardiac rythym?		YES _____ NO _____
	Any indication of the disease of the heart or blood vessels?		YES _____ NO _____
ABDOMEN	Does examination reveal and abnormality?		YES _____ NO _____
if 'yes' please describe:			
HERNIA	Does examination reveal and 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 _____
URINE	Specify gravity _____ Albumon _____ Sugar _____		
BLOOD	Blood Count	CBC _____ Differential _____	<i>(attach copy of report)</i>
	Coagulation Time	INR - Differential _____ PTT _____	<i>(attach copy of report)</i>
	Fasting Glucose	_____ Hemoglobin A1C _____	<i>(attach copy of report)</i>

Hepatitis B Screening: Surface Antigen, Core Antibody&SurfaceAntibody (attach copy of report)
Hepatitis C Screening: (Attach copies of report)
HIV Screening (Attach copies of report)
Serological (Attach copies of report)
Is there any evidence of syphilis YES _____ NO _____
If 'yes' please describe condition:

PLEASE NOTE THE SPECIFICATION OF THE FOLLOWING REQUIRMENTS:

SPECIFICATION: The following is required for a first-time applicant only until the applicant reaches the age of 29. Applicants between the age of 30 and 39 require the EKG bi-annually and applicants 40+ years of age require an annual EKG.

EKG Normal _____ Abnormal _____ (attach a copy of report)

SPECIFICATION: The following is required for a first-time applicant ONLY unless Medical Advisor requests otherwise

CHEST X-RAY Normal _____ Abnormal _____ (attach a copy of report)

SPECIFICATION: The following is required for a first-time applicant, then bi-annually unless Medical Advisor requests otherwise

Exam by Optometrist or Ophthalmologist (attach a copy of report)

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 deprive the applicant from boxing? YES _____ NO _____
If 'yes' please identify and describe:

FITNESS

Applicants is considered: FIT _____ NOT FIT _____ to take part in combat sport 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: _____
Medical Examiners Office Stamp: