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

Please circle one:
MMA BOXER

Nova Scotia Combat Sports Authority
INITIAL AND ANNUAL MEDICAL EXAMINATION

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:

(With history of otorrhea, describe auditory canals and drains) _____

VISION
Uncorreted 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	_____ /_____	_____ /_____	*(at disappearance of sound)*

HEART
Heart rate, counted at the apex for one minute _____
(if over 90, re-check and record temperature) _____
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 _____ Albumin _____ Sugar _____

BLOOD
Blood Count CBC _____ Differential _____ *(attach copy of report)*
Coagulation Time INR - Differential _____ PTT _____ *(attach copy of report)*
Fasting Glucose _____ Hemoglobin A1C _____ *(attach copy of report)*

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 syphillis 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 debr 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: