

# 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: <b>First time applicant</b> _____ or <b>License Renewal</b> _____			

**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:

<b>HEARING:</b>	Any 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 and abnormality?		YES _____ NO _____
if 'yes' please describe:			
<b>HERNIA</b>	Does examination reveal and evidence?		YES _____ NO _____
if 'yes' please describe:			
<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>URINE</b>	Specify gravity _____ Albumin _____ Sugar _____		
<b>BLOOD</b>	<b>Blood Count</b>	CBC _____ Differential _____	<i>(attach copy of report)</i>
	<b>Coagulation Time</b>	INR - Differential _____ PTT _____	<i>(attach copy of report)</i>
	<b>Fasting Glucose</b>	_____ 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 prevent the applicant from competing in combat sports boxing? If 'yes' please identify YES \_\_\_\_\_ NO \_\_\_\_\_ 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:

This medical exam was conducted in Person YES \_\_\_\_\_ NO \_\_\_\_\_

# Medical Clearance of the Older Fighter in Professional Combat Sports

Individuals 35 years of age and older should be subject to the following testing:

Individuals 40 years of age and older are subject to the following testing:

## Initial testing should include:

- Magnetic Resonance Angiogram (MRA) of Brain

## Annual testing should include the following:

- Magnetic Resonance Imaging (MRI) of the Brain without contrast
- Electrocardiogram (EKG)
- Stress Test
- Blood work including a complete blood count (CBC) and complete metabolic panel (CMET) which includes hepatic tests, blood urea nitrogen, creatinine and glucose.
- Ophthalmologic eye exam with pupil dilation and retinal examination

If any of these test results are abnormal at the outset or subsequently suggest deterioration in health status, consideration should be given to the license being denied, suspended or revoked.

## Cardiovascular recommendations

- Annual medical screening should include the AHA 14-point cardiovascular evaluation (see below).
- ECG is recommended at initial licence and annually for athletes 35 and older.
- Blood pressure greater than 160/100 mm Hg is disqualifying from vigorous exercise and competition until controlled.
- If any other cardiovascular concerns are raised from history, physical examination, or ECG, athletes should be referred to a cardiologist for additional testing and medical clearance.

## **American Heart Association's 14-point cardiovascular evaluation.**

### Personal Medical History

1. Exertional chest pain/discomfort.
2. Exertional syncope or near-syncope.
3. Excessive exertional and unexplained fatigue; fatigue associated with exercise.
4. Prior recognition of a heart murmur.
5. Elevated blood pressure.
6. Prior restriction from participation in sports.
7. Prior testing for the heart ordered by a physician.

### Family Medical History

8. Premature death--sudden and unexpected before age 50 due to heart disease, in one or more relatives.
9. Disability from heart disease in a close relative < 50.
10. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias.

### Physical Exam

11. Heart Murmur-exam supine and standing or with Valsalva, specifically to identify murmurs or dynamic L ventricular outflow tract obstruction.
12. Femoral pulses to exclude aortic stenosis.
13. Physical stigmata of Marfan syndrome.
14. Brachial artery blood pressure (sitting) preferably taken in both arms