Nova Scotia Combat Sports Authority

Please Circle One:

MMA BOXER

INITIAL AND ANNUAL MEDICAL EXAMINATION

Phone: 902-869-3696
Email: Dir.nscsa@gmail.com

APPLICANT All Medicals must be done in person, virtual medicals will not be accepted

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 otorrhea, describe auditory canals and drains*)_____

VISION Uncorrected vision R _____ L _____ Pupils Equal? YES ____ NO ____
Corrected vision R _____ L _____ React to light and accommodation YES ____ NO ____
Fundoscopic 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 ____ / ____

HEART Heart rate, counted at the apex for one minute _____
Any disturbance of cardiac rhythm? YES ____ NO ____
Any indication of the disease of the heart? YES ____ NO ____

ABDOMEN Does examination reveal any abnormality? YES ____ NO ____
Hernia YES___ NO___

If yes please describe;

Patellar Reflex Present bilaterally? YES ___ NO___

NERVES Any evidence of disease of the nervous system? YES___ NO___

URINE Specify gravity _____ Protein _____ Sugar _____

BLOOD

Blood Count CBC _____ (A*ttach copy of report*)

Coagulation Time INR _____ PTT _____ (A*ttach copy of report*)

Fasting Glucose _____ Hemoglobin A1C _____ (A*ttach copy of report*)

Hepatitis B Screening: Surface Antigen, Core Antibody & Surface Antibody (A*ttach copy of report*)

Hepatitis C Screening: (A*ttach copy of report*)

HIV Screening: (A*ttach copy of report*)

Syphilis: (A*ttach copy of report*)

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 and are sent to the Nova Scotia Combat Sports Authority via email to Dir.nscsa@gmail.com

Signature of Medical Examiner: _____ Date: _____

Medical Examiners Office Stamp:

By checking this box I acknowledge this medical was done in person: _____

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 are subject to the following testing:

Initial testing should include:

- Magnetic Resonance Angiogram (MRA) Of Brain

Annual testing should include the following:

- Magnetic Resonance Imagine (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

I I. 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