

Please circle One:

MMA BOXER

Nova Scotia Combat Sports Authority
Contestant Six Month Blood Requirements

741 Bedford Highway
Halifax, NS B3M 2M1
phone: 902-869-3696
Email Dir.nscsa@gmail.com

Applicant

Name in Full		Age	Date of Birth (dd/ mm/ yy)
Address	City, Province	Postal Code	Phone Number

The following tests must be conducted:

Hepatitis B Screening: Surface Antigen, Core Antibody and Surface Antibody (Attach copies of reports)

Hepatitis C Screening: (Attach copies of reports)

HIV Screening: (Attach copies of reports)

Serological: (Syphilis) (Attach copy of report)

Is there any evidence of syphilis? Yes _____ No _____

If 'yes' please describe condition:

General

Is there any condition or disorder evident, not covered by the above information that requires additional examination or that would debar the applicant from participating in combat sports? Yes _____ No _____

If 'yes' please identify and describe:

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 email to Dir@nscsa@gmail.com

Signature of Medical Examiner: _____ Date: _____

Medical Examiners Office Stamp: