



BLOOD TEST REVIEW FORM FOR MMA COMPETITORS

Please return as a scanned PDF WITH copies of laboratory results to: records@safemma.org

Competitor Name: _____

Medical ID Number (NHS/CHI Registration number): _____

Date of birth: _____

Telephone number: _____

Email address: _____

Postal address: _____

Name of Reviewing Doctor: _____

Qualifications: _____

Doctor Registration Number: _____

Practice address: _____

Telephone number: _____

Email address: _____

NOTE TO DOCTOR: Please counsel all competitors prior to arranging phlebotomy.
Interpretation must be accompanied by copies of laboratory results sent back with this form.

HEPATITIS B Neg. surface antigen (HBsAg) test required	To be valid, sample must be dated within the 6 months prior to competition	
Date of sample:		Clear from infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
HEPATITIS C	To be valid, sample must be dated within the 6 months prior to competition	
Date of sample:		Clear from infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
HIV Must inc. p24 antigen and HIV 1+2 antibodies	To be valid, sample must be dated within the 6 months prior to competition	
Date of sample:		Clear from infection? Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed (Doctor): _____

Date: _____