

COMPETITOR This form must be completed by a doctor licensed to practice medicine in your region
Please return (with laboratory blood test results if available) as a scanned PDF to: immaf@safemma.org

DOCTOR For any queries please contact: immaf@safemma.org | Any fees charged for this examination are payable
by the competitor | Where serology is being reviewed, a copy of the laboratory blood test result form is required

Competitor name

Competitor date of birth

 / / (DD/MM/YY)

Competitor national team

Date of examination

 / / (DD/MM/YY)

Examining Doctor name

Examining Doctor registration number

Examining Doctor email address

Examining Doctor correspondence address

This medical examination is completed
without access to medical records and the
information contained therein is as disclosed
to me by the competitor

*Indicate if
applicable

(stamp here if available,
else signature required below)

Medical Examination form ONLY valid with
Examining Doctor's stamp above OR signature below

Doctor signature

MEDICAL HISTORY | Detail any hospital admissions,
serious injury or illness (physical or mental) and chronic
conditions including current status and if under
specialist care. Please specifically enquire about
headache; dizziness; mood problems; forgetfulness;
double vision; back, nuchal or radicular pain

SURGICAL HISTORY | Detail any surgical procedures
carried out, including ophthalmic or laser surgery

DRUG HISTORY | Detail use of any regular supplement
or medication

ALLERGIES | Detail any allergies

FAMILY HISTORY | Detail any FH sudden cardiac death,
dementia or parkinsonism

PHYSICAL EXAMINATION

SYSTEM

**Indicate if NORMAL*

<input type="text" value="cm"/>	Height
<input type="text" value="kg"/>	Weight current
<input type="text" value="kg"/>	Weight 'walk around'
<input type="text" value="kg"/>	Weight competition class
<input type="text" value="bpm"/>	Heart rate
<input type="text" value="mmHg"/>	Blood pressure

VISUAL ACUITY

	Left eye	Right eye
Uncorrected	<input type="text" value="/"/>	<input type="text" value="/"/>
Corrected	<input type="text" value="/"/>	<input type="text" value="/"/>

Medical Examination form will NOT be accepted without UNCORRECTED visual acuity test results

Cardiovascular | Heart sounds?
Added Sounds? Apex beat position?

Respiratory | Rib cage? Breath
sounds vesicular? Wheeze?

Abdominal | Scars? Organomegaly?

Musculoskeletal | Back and neck
movement? Upper and lower limb
movements?

Ear, nose and throat | TMs normal?
Whisper test for auditory acuity?
Oropharynx? Loose teeth?
Lymphadenopathy?

Neurological | Muscle weakness?
Coordination? Tremor? Romberg?
Cognitive impairment? Nystagmus?

Eyes | Pupils equal and reactive to light?

ABNORMALITIES / COMMENTS | Detail any abnormality in physical examination

SEROLOGY

Leave blank UNLESS laboratory results available, in which case a copy must accompany this form

Please counsel all competitors prior to arranging phlebotomy. Risk assessment questionnaire available at: safemma.org/medical-forms

	RESULT	DATE
HEP B (HBsAg)	<input type="text"/>	<input type="text"/>
HEP C (Anti-HCV)	<input type="text"/>	<input type="text"/>
HIV (Ag/Ab)	<input type="text"/>	<input type="text"/>

PLEASE DETAIL BELOW ANY CONCERNS YOU MAY HAVE REGARDING THIS PERSON'S PARTICIPATION IN CONTACT SPORTS INCLUDING BOXING AND MIXED MARTIAL ARTS

Examining Doctor name

Competitor name

Examining Doctor signature

Date

**Indicate if notes attached*