

**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](mailto:immaf@safemma.org)

**DOCTOR** For any queries please contact: [immaf@safemma.org](mailto: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

<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

### UNCORRECTED VISUAL ACUITY

1. Test **WITHOUT** glasses or lenses
  2. Prescription scores **NOT** acceptable
  3. Use 6m or 20ft or Decimal scale (e.g. NORM = 6/6 or 20/20 or 1.0)
- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="text" value="/"/> | <input type="text" value="/"/> |
| Left eye                       | Right eye                      |

**FORM WILL ONLY BE ACCEPTED IF COMPLETED**

## SYSTEM

*\*Indicate if NORMAL*

<b>Cardiovascular</b>   Heart sounds? Added Sounds? Apex beat position?	<input type="checkbox"/>
<b>Respiratory</b>   Rib cage? Breath sounds vesicular? Wheeze?	<input type="checkbox"/>
<b>Abdominal</b>   Scars? Organomegaly?	<input type="checkbox"/>
<b>Musculoskeletal</b>   Back and neck movement? Upper and lower limb movements?	<input type="checkbox"/>
<b>Ear, nose and throat</b>   TMs normal? Whisper test for auditory acuity? Oropharynx? Loose teeth? Lymphadenopathy?	<input type="checkbox"/>
<b>Neurological</b>   Muscle weakness? Coordination? Tremor? Romberg? Cognitive impairment? Nystagmus?	<input type="checkbox"/>
<b>Eyes</b>   Pupils equal and reactive to light?	<input type="checkbox"/>

**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  
Further info available at: [safemma.org/blood-borne-viruses](http://safemma.org/blood-borne-viruses)

	RESULT	DATE
<b>HEP B</b> (HBsAg)	<input type="text"/>	<input type="text"/>
<b>HEP C</b> (Anti-HCV)	<input type="text"/>	<input type="text"/>
<b>HIV</b> (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 any notes (OTHER THAN blood test results) attached*