

Applicant's Name: _____ D.O.B. __/__/__

Address: _____

Postcode: _____

Telephone: _____

SEROGOLY REPORT: *Please circle*

Hepatitis B *Positive* *Negative*

Hepatitis C *Positive* *Negative*

H.I.V. *Positive* *Negative*

COMMENTS: _____

MEDICAL PRACTITIONER

NAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____ SIGNATURE: _____

DATE: __/__/__

RELEASE OF INFORMATION

I _____ Here by release the information contained in this document to
PRINT NAME

the Officers of the sanctioning bodies concerned.

SIGNATURE: _____ DATE: __/__/__

**HAVE YOU PREVIOUSLY,
OR DO YOU SUFFER FROM:**

EXAMINATION COMPARISON
Mark N =NORMAL A=Abnormal NPE=No previous examination

FAINTING YES NO

HEAD____ **FACE**____ **GUMS**____

EPILEPSY YES NO

EYES____ **HEARING**____ **LUNGS**____

RHEUMATIC FEVER YES NO

HEART____ **FEET**____ **SPINE**____

NERVOUS DISORDERS YES NO

VISUAL FIELDS____ **ABDOMEN**____

**SEVERE HEADACHES OR
MIGRANE HEADACHES** YES NO

UPPER EXTREMITIES_____

**RENAL OR BLADDER
DISEASE** YES NO

LOWER EXTREMITIES_____

NERVOUS SYSTEM_____

**ASTHMA, BRONCHITIS
OR PLEURISY** YES NO

COMMENTS:_____

**MENTAL ILLNESS
OR DISABILITY** YES NO

**HIGH OR LOW
BLOOD PRESSURE** YES NO

**ANY OTHER INJURY
OR DISORDER** YES NO

COMMENTS:_____

FRAME LARGE MEDIUM SMALL

WEIGHT KGS____ **HEIGHT** CM____

WAIST CM____ **CHEST** CM____

CHEST EXP CM____

BLOOD PRESSURE____/____

URINAL YSIS:

ALBUMIN____ **SUGAR**____

**IS THERE ANY EVIDENCE OF A CHANGE IN CHARACTER, MEMORY, ATTENTION SPAN, INTELLIGENCE
OR A TENDENCY TO VIOLENCE OUTSIDE THE COMPETITIVE AREA?**

COMMENTS:_____

I CONSIDER _____ **TO BE FIT TO COMPETE IN A MARTIAL ARTS BOUT:**

(PLEASE CIRCLE APPROPRIATE ANSWER):

YES

NO