



PART ONE – Personal Details, Contest History & Medical History: *(To be completed by the APPLICANT)*

FAMILY NAME		GIVEN NAMES	
ADDRESS			POST CODE
PHONE/ MOBILE		DATE OF BIRTH (dd/mm/yyyy)	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	COMBAT SPORTS REGISTRATION	<input type="checkbox"/> FIRST-TIME <input type="checkbox"/> ANNUAL <input type="checkbox"/> 3 YEAR RENEWAL

CONTEST RECORD	Wins	Losses	Draws
(circle) Boxing Kickboxing MMA Muay Thai			
Other Martial Arts: _____			

Whilst competing in a combat sport contest or during combat sport training (sparring) have you ever:

- Had a concussion, been knocked out or lost consciousness? ☐ NO ☐ YES → (List number of times): _____
- Suffered any contest/training injuries? ☐ NO ☐ YES → (List injuries in coloured box below)

Do you have or have you ever had any of the following?	Yes	No
3. Any medical problems, disability, injury or illness		
4. Respiratory problems or asthma		
5. Heart or blood pressure problems		
6. Gut or abdomen problems		
7. Urinary or pelvic problems		
8. Spine, skeletal or muscle problems		
9. Skin problems or dermatitis		
10. Diabetes		
11. Deafness, tinnitus or hearing difficulty		
12. Dentures (false teeth) or any problems wearing a mouth guard		
13. Vision problems or wear glasses/contact lens		
14. Anxiety, depression or mental illness		
Medical Questionnaire		
15. Are you currently taking any medicine, drugs or other treatment?		
16. Do you use or have you ever used steroids, testosterone or banned substances?		
17. Have you ever been admitted to hospital or had surgery?		
18. Have you had any medical tests in the past 5 years (such as x-ray, electrocardiogram or MRI)?		
19. Have you seen a doctor for any medical problem in the last 3 months?		
20. Has an accident, injury or illness kept you off work for more than one week?		
21. Have you ever had a concussion, head injury or lost consciousness (unrelated to combat sports)?		
22. Do you have any allergies or are you allergic to any medications?		
23. Have you been training for combat sports?		
24. Are you in good physical condition?		
25. Is there anything else you should declare or discuss in relation to your health or physical condition?		

If you answered **(Yes)** to any of the questions on this page, please note the question number and list the details below (include any illness, injury, disability, surgery, medications, medical condition or medical tests and relevant dates).



PART TWO – MEDICAL EXAMINATION: (To be completed by a **MEDICAL PRACTITIONER** only)

APPLICANT'S FULL LEGAL NAME:

APPLICANT'S AGE:

MANDATORY PHOTOGRAPHIC IDENTIFICATION CHECK

Drivers Licence#:

OR Passport#:

OR other photo proof of identity (list):

WEIGHT ASSESSMENT

DATE OF TODAY'S EXAMINATION

/ /

PROPOSED/NEXT COMBAT SPORT CONTEST
DATE

/ /

NUMBER OF DAYS UNTIL PROPOSED CONTEST

_____ days

CURRENT (TODAY'S) WEIGHT (kg)
[Weigh in minimal clothing & no footwear]

_____ kg

PROPOSED/NEXT COMBAT SPORT CONTEST
WEIGHT CLASS (Lower and upper limit)

_____ kg (to) _____ kg

AMOUNT OF WEIGHT (kg) NEEDED TO LOSE TO
MEET PROPOSED WEIGHT CLASS

_____ kg

PREVIOUS COMBAT SPORT CONTEST
DATE

/ /

PREVIOUS COMBAT SPORT CONTEST
WEIGHT CLASS (Lower and upper limit)

_____ kg (to) _____ kg

PREVIOUSLY RECORDED CERTIFICATE
OF FITNESS WEIGHT (1 year prior)

_____ kg

HEIGHT: _____ cm

Frame: (circle) Large Medium Small

**Based on your medical opinion is it
safe for the Applicant to lose (if any)
the above amount of body weight
within the number of days being
proposed ?**

☐ NO ☐ YES

SEROLOGY CLEARANCE [Mandatory testing and clearance is required]

Date of Applicant's serology test (must be within 6 months) / /

I can verify that the Applicant has undertaken each of the following (mandatory) screening tests:

Hepatitis B Surface Antigen (HBsAg) ☐ YES

Hepatitis C Antibody (HCV Ab) ☐ YES

HIV Combined Antigen-Antibody (HIV Ag/Ab) ☐ YES

***I confirm that I have sighted and reviewed the Applicant's serology results and, if required, any other serology results
and in my opinion the Applicant DOES NOT pose a risk of transmitting any of the above blood borne viruses:***

☐ **YES – serology clearance granted**

☐ **NO – cannot compete until serology clearance is received**

MEDICAL ASSESSMENT

Any identified concerns from Applicant's Part One responses, medical questionnaire answers or weight assessment? ☐ NO ☐ YES (list below)

PHYSICAL EXAMINATION/ SYSTEMIC REVIEW

Normal

Abnormal

COMMENTS

General health

Respiratory

Cardiovascular

Digestive

Urogenital/ kidneys

Nervous system – central, peripheral

Musculoskeletal

Dermatology/skin

Vision/cranial nerves

Hearing

Dentition

Emotional stability, good memory of recent
events/contests, able to follow conversation with
attention

Other: (list)

THERAPEUTIC USE EXEMPTION (TUE) ASSESSMENT

Is the Applicant currently taking any medication or substances?

☐ NO (proceed to next page)

☐ YES (next question)

Is the medication/substance prohibited in sport (Refer to globaldro.com for status)

☐ NO (proceed to next page)

☐ YES (next question)

Is the Applicant eligible for a TUE (Refer to Sportintegrity Medical Evidence)

☐ NO (list reasons above)

☐ YES (next question)

IF YES, sign and attach separate TUE Form (also available from cits.wa.gov.au/csc)

☐ YES (CSC TUE Form attached)



PART THREE – Certification: *(To be completed by a MEDICAL PRACTITIONER only)*

I, _____, certify that
[Name of Medical Practitioner]

[Name of examined Applicant]

has been assessed for medical fitness to compete in a combat sports contest and has been found:

☐ **Fit to compete**

☐ **Unfit to compete**, for the following reason _____

Signature of Medical Practitioner _____ Date: ____/____/____

Provider Number: _____

Medical Practitioner's stamp:

PART FOUR – Declaration and release of information: *(To be completed by the APPLICANT)*

I declare that the information provided in this Certificate of Fitness is true and complete to the best of my knowledge and belief.

I understand it is an offence under section 53 of the *Combat Sports Act 1987* to provide false or misleading information.

I authorise (*insert name of MEDICAL PRACTITIONER*) _____ to:

- obtain details of my medical records from previous medical practitioners if required; and
- provide my personal medical information to the Combat Sports Commission for the purposes of administering the *Combat Sports Act 1987*.

I authorise the Combat Sports Commission to release a copy of this Certificate of Fitness and my personal medical information to any other medical practitioner conducting my pre-contest medical examination for any contest I have entered.

Applicant's name (*print*) _____

Applicant's Signature _____ Date ____/____/____

PARENTAL CONSENT *(this must be completed by the parent/guardian of an Applicant who is under 18 years of age):*

I assert that I have the legal authority to act on behalf of the Applicant and I execute the above declaration on behalf of the Applicant.

Name of Parent/Guardian _____

Parent/Guardian Signature _____ Date ____/____/____