



Combat Sports Legislation in W.A.

Combat sports in Western Australia are regulated under legislation administered by the Combat Sports Commission (CSC). The CSC is responsible for registering combat sport contestants, enforcing health, safety and integrity requirements, issuing contest permits and overseeing compliance with the *Combat Sports Act 1987* and *Combat Sports Regulations 2004*.

The CSC acknowledges the vital and important role that medical practitioners play in this regulatory framework.

Stages of Medical Practitioner Involvement

The CSC registration and contest requirements involve medical practitioners at three key stages:

1. Initial involvement with a combat sport contestant typically occurs for registration purposes, which require medical clearances. Contestants are responsible for selecting their own medical practitioner for this stage.
2. Further medical practitioner involvement occurs when a promoter applies to the CSC for a permit to conduct a combat sports contest. As a regulatory requirement, promoters must nominate and engage a medical practitioner to attend the contest. This role involves statutory duties and is generally referred to as the *Ringside Medical Practitioner (RMP)*. RMPs must be approved by the CSC.
3. Contestants may be issued with a *Hard Bout Card* following a knockout or suspected concussion, sustained during a contest. Concussion clearance from a healthcare practitioner is subsequently required before the contestant can return to compete again. Contestants are responsible for selecting their own medical practitioner but are encouraged to seek a practitioner appropriately trained in concussion management.

Role of Medical Practitioner for Contestant Registration

Contestant registration with the CSC is valid for 3 years but ongoing medical documentation is also

required (Figure 1). It is a legislated requirement for contestants to submit a medical certificate, serology report and medical history. These requirements are incorporated into the CSC [Certificate of Fitness and Serology Clearance Form](#) (Appendix A), which must be completed and issued by a medical practitioner.

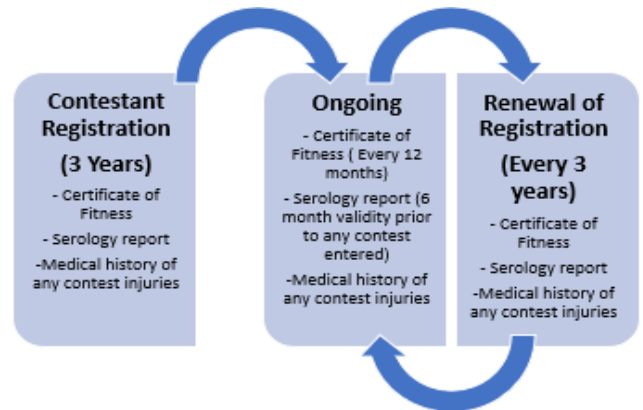


Figure 1: Medical Requirements for Contestant Registration

During this process the medical practitioner will need to facilitate the following serology tests for the contestant: HIV, hepatitis B antigen (HBsAG), and hepatitis C. A certificate of fitness should not be progressed by the medical practitioner, if a negative serology test result is sighted.

The certificate of fitness remains valid for 12 months but a serology clearance is only valid for 6 months. If an interim serology clearance is required throughout the year, the following [Serology Clearance Report Form](#) (Appendix B) can be used.

When conducting the certificate of fitness, the medical practitioner should review answers given by the contestant to determine if there are any abnormalities or unacceptable risks, such as:

- Prior head injuries including concussion
- Impaired vision
- Mobility impairments
- Extreme/rapid weight loss
- Unmanaged blood borne virus
- Skin infections such as staphylococcus

Contestants must also undergo a weight assessment with the medical practitioner as part of the certificate of fitness. Rapid weight loss by dehydration is a significant health concern in the



combat sports industry as contestants attempt to meet a specified weight limit within a specified time frame. The medical practitioner is expected to weigh the contestant on the day, discuss any proposed weight loss and consider how much time is available for losing any weight. The medical practitioner must provide a medical opinion on whether the proposed weight loss can be achieved safely within the specified time and this section is not to be left blank.

Contestants may also be subjected to anti-doping requirements. The medical practitioner should discuss any medication or substance used, determine if prohibited in sport and if necessary complete a [Therapeutic Use Exemption Form](#) for the contestant.

Approval and Role of Ringside Medical Practitioner

RMPs must be registered as a medical practitioner (without restriction) with the Australian Health Practitioner Regulation Agency. In addition, approval by the CSC involves completion of an induction session followed by shadow training with an experienced RMP during a contest.

A combat sports contest cannot legally proceed without the presence of the RMP. Promoters nominate the practitioner of their choice when applying for a contest permit. Engagement and payment for the services of the RMP is a contractual arrangement between the promoter and a medical practitioner, not the CSC.

If you are a medical practitioner and wish to become a RMP please register your interest with the CSC via email: combatsport@cits.wa.gov.au

Pre-contest role of Ringside Medical Practitioner

The combat sports legislation places specific contest obligations on the RMP, including pre and post contest requirements (Figure 2).

The weigh-in is an official process used to confirm that each contestant has met an agreed weight limit and must take place at a designated time, no more than 24-hours prior to the contest. Weigh-ins are often conducted at a separate venue the night before a contest but may also be held at the same venue on the same day as the contest. Promoter permit conditions require the RMP to be present for the duration of the weigh-in and it is strongly recommended that the RMP conduct the pre-contest medical examinations at the weigh-ins.

Contestants competing in a contest must complete a pre-contest medical within a 24-hour period prior to the contest. Pre-contest medicals are to be based on the state of the athlete at the time and day of the scheduled examination and are not to be delayed or deferred to another time/day unless approved by the CSC. In accordance with *the Combat Sports Act 1987*, the medical practitioner conducting the pre-contest medical examinations must:

1. Inspect *Contestant Record Book*.
2. Conduct a medical examination.
3. Certify information in the *Contestant Record Book*.
4. Record the results of the examination on the approved *Pre-contest Medical Form* (Appendix C) and give to the CSC appointee.
5. Record, if of the opinion, that a contestant should **not** participate in the contest (based on medical condition).

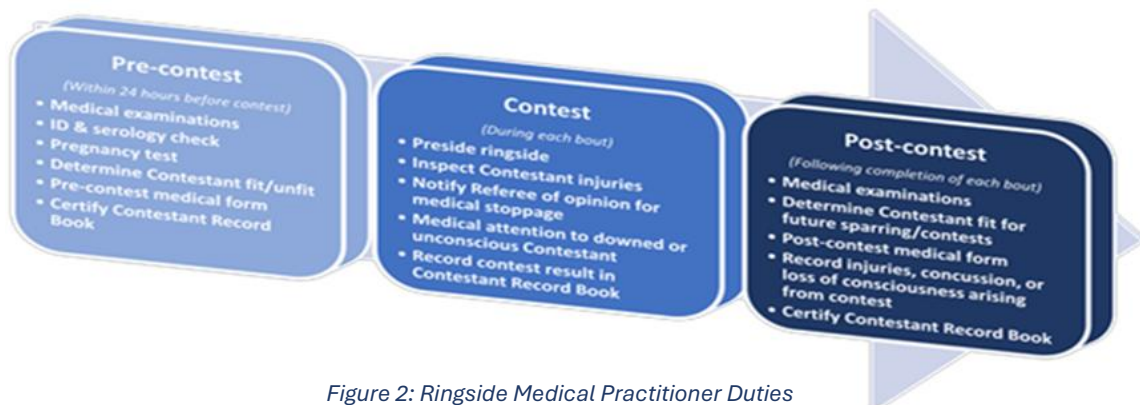


Figure 2: Ringside Medical Practitioner Duties



The RMP is responsible for conducting the medical examination and must supply their own medical equipment (Table 1). The CSC provides the RMP with a medical file containing pre and post medical forms for each contestant. The RMP is required to complete all forms in full (including recording contestants self-reported 7-day prior weight) and determines whether each contestant is fit or unfit to participate in the contest.

RMP Equipment Checklist	
Pre-contest Medical Examination:	
○ Sphygmomanometer	○ Stethoscope
○ Auriscope/ ophthalmoscope	* Pregnancy tests (provided by the CSC)
Contests:	
○ Basic doctor's kit	○ Disposable gloves
○ Pen light	○ Basic airway support equipment
○ Gauze	○ Scissors
* Promoter to provide (in consultation with RMP): Oxygen delivery system (Oxyviva) and stretcher and determine if venue has a defibrillator. Airhorn/sound device (provided by the CSC).	
Post-contest Medical Examination:	
○ Suture kit/local anaesthetic vials/syringes/fine needles and swabs	○ Basic immobilisation – splint/broad arm sling
○ Simple analgesia	○ Bandages and dressings

Table 1: RMP Medical Equipment Required

Female contestants over the age of 16 years must undertake a pregnancy test. The CSC provides the RMP with the pregnancy testing kits to disperse. The RMP must ensure that eligible female contestants submit a test and confirm test results are negative.

The RMP may declare any contestant to be unfit to compete in the contest because of a medical condition. RMP's should consider whether the medical condition would render the contestant more likely than usual to suffer injury in the normal course of any contest or be less able to adequately

defend themselves. This can include (but is not limited to) the following.

- A recent fracture or cut
- Severe dehydration
- An acute illness
- A skin disease
- Any sign of use of a prohibited substance or alcohol
- Any other condition that could be detrimental to either the contestant or their opponent.

Role of Ringside Medical Practitioner at a Contest

It is strongly recommended that the RMP arrive at the contest venue at least an hour prior to the commencement of the contest. The RMP should familiarise themselves with mouth guard removal, oxyviva, stretcher, and defibrillator location, emergency chain of command and venue evacuation routes, to enable an effective response for any contestant seriously injured or unconscious.

Key tasks to be completed prior to the first bout commencing, include:

- Test walk ring entry (stairs, enclosure) and conduct venue/emergency exit familiarisation.
- Identify and set up the medical area to handle any medical concerns.
- Check that the medical equipment (including stretcher) is ringside and oxygen delivery system is in good working order.
- Familiarisation with use of airhorn/sound device for stopping a bout.
- Attend the officials meeting.
- Discuss with the referees (and if available paramedics) how communication will take place during a bout and in the event of an emergency.

The RMP must be present, and preferably seated ringside, for each bout. No contest, bout or round may commence or continue in the absence of the RMP and any bout in progress must cease if the RMP is required to leave ringside. The RMP must closely observe both contestants, follow the action in the ring and render medical assistance if required.



The RMP may assess a contestant during the break (between rounds) either from the ringside corner apron or inside the ring and is urged to do so if a knock-down has occurred. The RMP is to advise the referee, during the break and before entering the ring, if they wish to assess the extent of a contestant's injury at close quarters.

Ringside Medical Practitioner Authority to Stop a Contest

The RMP is provided with an air-horn or sound device and at any time during a bout can sound the device to signify to a referee to terminate a bout. The RMP should direct a referee to stop a bout if of the opinion the contestant should not continue to participate based on their medical condition. A referee must immediately discontinue the bout once alerted or informed of the RMP's medical stoppage. Consequently, it is the RMP who has the ultimate power and authority to stop a bout.

At all times, the wellbeing of a contestant requiring the urgent assistance of the RMP takes precedence over the commencement of the next round or bout. Having caused a bout to stop, the RMP should enter the ring to render immediate assistance to the contestant.

For determining a medical stoppage RMPs should consider if any of the following has occurred:

- Health is at risk (i.e. too many hard hits to the head, loss of balance or disorientation)
- Concussion, head injury or suspected concussion or head injury
- Receiving undue punishment or inability to defend or avoid further injury
- Exhaustion
- Ruptured ear drum
- Fracture or possible fracture
- Eye damage or surrounding laceration (cuts)

A referee, at their own discretion, may directly call a RMP into the ring to examine a cut, nosebleed or other injury for medical determination. The presence of blood does not require bout stoppage and a bout can continue at the RMP's discretion. Medical stoppage decisions regarding possible eye damage or cuts should be individually assessed. Cuts with clinical significance (length, depth, shape,

location of cut and source of bleed) or performance consequence (such as bleeding into the eye and reducing vision) should necessitate a medical stoppage.

Post-contest role of Ringside Medical Practitioner

Immediately following the completion of a bout, the RMP must conduct a medical examination of both contestants, using the approved *Post-contest Medical Form* (Appendix C).

If medical treatment is required, the RMP should determine if treatment is required immediately or at the end of the event. Any medical treatment provided by a RMP is at the discretion of the RMP and may extend to providing treatment in the medical room, such as suturing a cut above the eye.

The RMP must record on the *Post-contest Medical Form* all treatment that is delivered i.e. cut (L) cheek – sutures or #RICE and X-Ray referral – possible (R) ulna fracture.

If, in the RMP's opinion, a contestant is not fit to engage in future sparring or contests then the RMP must stipulate a date (period of time) medically suspending the contestant. If unable to define a period, the RMP is to write the type of assessment required (i.e. x-ray /CT) and stipulate that a medical clearance is required prior to commencement of sparring or the next contest.

The RMP must officially record any medical suspension periods in both the *Post-contest Medical Form* and the *Contestant's Record Book*. Before recording the suspension, the RMP must review the previous entry in the *Contestant's Record Book* to determine if an extended suspension is required such as consecutive knockout, prior concussion or other injury considerations.

Medical Suspensions

Combat sport injuries that the RMP should familiarise themselves with include:

- Facial fractures (cheek, orbit, nasal)
- Arterial or excessive venous nosebleed
- Signs of altered consciousness, head injury or suspected concussion



- Fracture of hand/wrist or upper/lower limb joint injuries
- Ruptured ear drum
- Fast expanding haematoma

The *Combat Sports Regulations 2004* requires the following mandatory (**minimum**) suspension periods if a contestant is knocked out. The RMP can mandate longer periods of suspension at their discretion.

First time knockout	30 days
Second consecutive knockout	60 days
Third consecutive knockout	90 days

Any contestant with a suspected concussion other than a knockout should be medically suspended by the RMP for a minimum of **21 days** and be required to obtain a concussion clearance prior to returning to sparring or a contest.

If a contestant cannot continue for reasons (injuries) other than a knockout, the RMP may impose a medical suspension for any period as they see fit.

Contestant Record Book

Each W.A. contestant is issued with a *Contestant Record Book* (Figure 3) and are not permitted to compete unless it's provided to the RMP. The *Contestant Record Book* contains important medical information and must be inspected and completed by the RMP during the medical examinations.

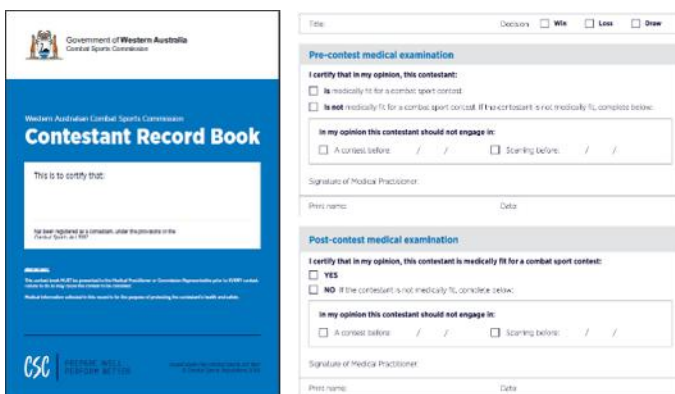


Figure 2: Contestant Record Book

It is a legislative requirement for the RMP to certify, in the *Contestant Record Book*, whether the contestant is fit to compete both before and after the bout (Appendix C).

In addition, interstate contestants will require the RMP to complete State/Territory based clearance paperwork.

The RMP should discuss any planned air travel by interstate or international contestants and determine whether medically fit to fly.

Expected Conduct of Ringside Medical Practitioner

The RMP is considered a contest official and consequently is expected to act in a professional manner, including the following:

- Always act in the best interest of the contestant's health and safety.
- Provide accurate and complete information and not provide false or misleading information in response to any request for information that is made for official CSC purposes.
- Not knowingly be involved in a sham contest.
- Not wager on the result of the contest or publicly predict the result of the contest.
- Not consume alcohol or illicit drugs on the day of or whilst at the contest.

Role of Medical Practitioner for Concussion Clearance

Following a contest knockout or suspected concussion, contestants must obtain a concussion clearance before returning to a combat sports contest. The medical practitioner plays a central role in this process by independently assessing the contestant's neurological recovery and determining fitness to resume sparring and competition. Mandatory medical suspension periods issued by the RMP or knockout mandates must still be observed. The CSC has adopted return to sport concussion protocols in alignment with the Australian Sports Commission recommendations. To be eligible to compete again, the contestant must submit the Concussion Clearance Forms (Appendix D) completed by a healthcare practitioner. Further information is available in the CSC [Concussion Management Guidelines](#).

The information contained in this document is not and should not be regarded as medical or legal advice.

Appendix A

Certificate of Fitness and Serology Clearance Form

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:

1. Had a concussion, been knocked out or lost consciousness? NO YES → (List number of times): _____

2. 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	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).	
3. Any medical problems, disability, injury or illness			<div style="border: 1px solid #ccc; height: 200px; margin-bottom: 5px;"></div>	
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?				

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	<div style="border: 1px solid #ccc; height: 100px; margin-bottom: 5px;"></div> <p style="font-size: small; margin: 0;">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?</p> <p style="text-align: center;"><input type="checkbox"/> NO <input type="checkbox"/> YES</p>
PREVIOUSLY RECORDED CERTIFICATE OF FITNESS WEIGHT (1 year prior) _____ kg	HEIGHT: _____ cm Frame: (circle) Large Medium Small	

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			<div style="border: 1px solid #ccc; height: 150px; margin-bottom: 5px;"></div>
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 globaldtd.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](http://TUE.Form) (also available from cis.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]

_____ has been assessed for medical fitness to compete in a combat sports contest and has been found:
[Name of examined Applicant]

- Fit to compete**
- Unfit to compete**, for the following reason _____

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

Provider Number: _____



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 ___/___/___

Appendix B Interim Serology Clearance Form

(To be completed by a MEDICAL PRACTITIONER only)

Applicant's Full Legal Name: _____	
Identity Confirmation: I confirm I have sighted the following photographic proof of identify for the above-named Applicant whose serology test results I have reviewed. Driver licence <input type="checkbox"/> Passport <input type="checkbox"/> Other(list) _____	
Date of Applicant's Serology Test (must be within 6 months): / /	
Mandatory Screening Tests Confirmation: I confirm that the Applicant has undertaken the following screening tests (these tests are a compulsory legal requirement under the <i>Combat Sports Act 1984</i> , do not progress clearance if you cannot confirm all three tests). Hepatitis B Surface Antigen (HBsAg) <input type="checkbox"/> YES Hepatitis C Antibody (HCV Ab) <input type="checkbox"/> YES HIV Combined Antigen-Antibody (HIV Ag/Ab) <input type="checkbox"/> YES	
Serology Report: 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. <input type="checkbox"/> YES – Serology Clearance Granted <input type="checkbox"/> NO – Serology Clearance NOT Granted	
Name of Medical Practitioner: _____	
Contact Email or Telephone: _____	
Signature of Medical Practitioner: _____ Date: ____/____/____	
Medical Practitioner Registration Number: _____	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Medical Practitioner's stamp: </div>	

Please email completed form to the Combat Sports Commission: combatsport@cifs.wa.gov.au
or for further information please call 6552 1604.

It is an offence under section 53 of the Combat Sports Act 1987 to provide false or misleading information.

Appendix C Pre and Post Contest Medical Forms

PART ONE: PRE-CONTEST MEDICAL EXAMINATION <i>(To be completed by the appointed Medical Practitioner within 24 hours before the contest)</i>					
CONTESTANT'S NAME		AGE	FIGHT RECORD W-L-D		
DATE	TIME	EXAMINATION PLACE			
ANY EXISTING OR CURRENT INJURIES? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes please detail:		ANY CONCUSSION OR SUSPECTED CONCUSSION WITHIN THE PAST 21 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes please detail:			
DATE OF LAST CONTEST		WAS CONTESTANT KNOCKED OUT OR CONCUSSED AT LAST CONTEST? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ANY SIGNIFICANT MEDICAL PROBLEMS SINCE LAST CONTEST? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes please detail:		IS THE CONTESTANT ON ANY MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO Medication name:			
BLOOD PRESSURE /	IS THERE ANY EVIDENCE OR SIGN THE CONTESTANT: - Is under the influence of alcohol or drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO - Is excessively wasted, obese or significantly affected by rapid weight loss? <input type="checkbox"/> YES <input type="checkbox"/> NO - Has any disease or infection? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes to any please detail:				
CURRENT WEIGHT _____ (kg)					
WEIGHT (approx.) 7 DAYS PRIOR _____ (kg)					
FEMALE CONTESTANT (16 years or older) <input type="checkbox"/> NO <input type="checkbox"/> YES (Issue mandatory pregnancy test)					
PHYSICAL MEDICAL ASSESSMENT DETAILS:					
	Normal	Abnormal		Normal	Abnormal
Skin (including scar tissue)			Pupil equal size and light reaction		
Heart and chest			Fundus		
Liver and spleen			General vision		
Balance			General hearing		
Tremor			Comprehension		
Co-ordination			Speech		
Cervical spine (esp. range of motion)			Mouth and jaw (incl. temporomandibular joint)		
Trunk			Nose and nasal passages		
Hands			Upper limbs		
Strength			Lower limbs		
ANY FURTHER COMMENTS:					
MEDICAL PRACTITIONER'S PRE-CONTEST DECLARATION					
I have sighted this contestant's:					
- photographic proof of identification <input type="checkbox"/> YES <input type="checkbox"/> NO					
- serology clearance report, showing that a medical practitioner has granted a serology clearance confirming that the contestant is HIV negative, Hepatitis B antigen negative or immune and Hepatitis C negative <input type="checkbox"/> YES <input type="checkbox"/> NO					
- pregnancy test (if female contestant 16 years or older) and can confirm the result is negative <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO					
In my opinion, this contestant is <input type="checkbox"/> FIT <input type="checkbox"/> NOT to compete in the proposed combat sport contest.					
MEDICAL PRACTITIONER'S NAME:	SIGNED:	DATE:			

PART TWO: POST-CONTEST MEDICAL EXAMINATION <i>(To be completed by the Ringside Medical Practitioner following the contest)</i>			
CONTESTANT'S NAME			REGISTRATION DETAILS Choose an item.
DATE	TIME	EXAMINATION PLACE	
BOUT OUTCOME		BOUT DECISION	
<input type="checkbox"/> WIN <input type="checkbox"/> LOSS <input type="checkbox"/> DRAW		<input type="checkbox"/> KO <input type="checkbox"/> TKO <input type="checkbox"/> POINTS <input type="checkbox"/> SUBMISSION Other: _____	
		BOUT ENDED (Round) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (more) Round: _____	
BOUT DETAILS			
<input type="checkbox"/> KNOCK DOWN – HEAD HIT (No. ____) <input type="checkbox"/> KNOCK DOWN – BODY BLOW (No. ____) <input type="checkbox"/> STANDING COUNT GIVEN (No. ____) Other: _____		<input type="checkbox"/> REFEREE STOPPED BOUT for: <input type="checkbox"/> Injury <input type="checkbox"/> Failing to defend <input type="checkbox"/> Exhaustion <input type="checkbox"/> Towel thrown in Other: _____	
DURING THE BOUT THE CONTESTANT:			
<input type="checkbox"/> Totally lost consciousness <input type="checkbox"/> Partially lost consciousness <input type="checkbox"/> Suffered a concussion <input type="checkbox"/> May have been concussed			
PHYSICAL MEDICAL ASSESSMENT DETAILS			
	Normal	Abnormal	Comments
Pupil reflexes			
Fundi			
General vision			
General hearing			
Conscious state			
Memory			
Comprehension			
Speech			
ANY EVIDENCE OF INJURIES ARISING FROM THE CONTEST?			
<input type="checkbox"/> NO <input type="checkbox"/> YES, please detail below			
LIST INJURIES:		PROCEDURES TO BE CARRIED OUT/TREATMENT RECOMMENDED:	
REFERRAL: <input type="checkbox"/> Emergency Department <input type="checkbox"/> Further medical testing/scans <input type="checkbox"/> SCAT6 <input type="checkbox"/> GP <input type="checkbox"/> Other:			
RINGSIDE MEDICAL PRACTITIONER'S POST-CONTEST MEDICAL DECLARATION			
<i>In my opinion, this contestant:</i>			
Is medically fit for sparring and contests <input type="checkbox"/> YES <input type="checkbox"/> NO			
Should not engage in any contest for _____ days <i>[All contestants are subject to a minimum 7-day rest period in accordance with Reg. 16]</i>			
Should not engage in any sparring for _____ days			
Is required to obtain a medical clearance prior to returning to any sparring or a contest <input type="checkbox"/> YES <input type="checkbox"/> NO			
MEDICAL PRACTITIONER'S NAME:	SIGNED:	DATE:	

Appendix D

Concussion Referral and Clearance Form

SECTION 1: RINGSIDE REPORT

To be completed by CSC Appointee or Referee. Please photo and email to combatsport@cits.wa.gov.au then give hardcopy to the Contestant/Guardian.

Name of Contestant: _____ Date of Contest: _____

Combat Sport: Boxing Muay Thai MMA Other: _____

During the contest the following occurred:

Direct head blow or knock Indirect injury to the head e.g. whiplash injury No specific mechanism observed

Fell or thrown to the floor

Short description of incident: _____

The following signs or symptoms were observed (Select one or more):

<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Seizure or convulsion	<input type="checkbox"/> Lying motionless
<input type="checkbox"/> Confusion/disorientation	<input type="checkbox"/> Loss of balance	<input type="checkbox"/> Facial or skull injury
<input type="checkbox"/> Unusual behaviour	<input type="checkbox"/> Dazed or vacant stare	<input type="checkbox"/> Incoherent speech
<input type="checkbox"/> Grabbing/clutching head	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Loss or blurred vision	<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Ringing in the ears
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Fatigue or drowsy	<input type="checkbox"/> Memory loss

Observers Name: _____ Role: Referee CSC Appointee

SECTION 2: CONTESTANT'S DETAILS

To be completed by Contestant or Guardian (for persons under 18 years of age) and see Healthcare Practitioner (ideally) within 72 hours.

➤ Date of Birth: _____

➤ Did the Ringside Medical Practitioner (post-contest medical) also issue you a medical suspension? No Yes --> for how long? _____ (days/date in Contestant Record Book)

➤ Is this your first concussion in the past 12 months? Yes No --> how many? _____

➤ Did you incur a KO? No Yes --> is it a consecutive KO? No Yes --> 2nd 3rd

I had or still have the following signs or symptoms:

<input type="checkbox"/> Headache	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Sensitivity to light
<input type="checkbox"/> Loss or blurred vision	<input type="checkbox"/> Ringing in the ears	<input type="checkbox"/> Fatigue or drowsy
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Loss of balance	<input type="checkbox"/> Memory loss
<input type="checkbox"/> Confusion/disorientation	<input type="checkbox"/> Dizziness	Other: _____

I (*insert name*) _____ consent to the Healthcare Practitioner providing information (if required) to the Combat Sports Commission regarding my/child's head injury/concussion and confirm that the information I have provided to the Healthcare Practitioner, has been complete and accurate.

Contestant/Guardian Signature: _____ Date: _____

SECTION 3: HEALTHCARE PRACTITIONER – INITIAL CONSULTATION

Dear Healthcare Practitioner (HCP),

This person has presented to you today because they competed in a combat sport contest and suffered a "knockout" (KO) contest result OR suspected concussion during a bout. The Combat Sports Commission recommends that all contestants who have suffered a concussion or a suspected concussion must be treated as having suffered a concussion.

Please examine and assess the individual, review the **Concussion Referral Form** (previous page) and guide their progress over the **Graded Return to Sport Framework**, as provided on the final page.

Detailed HCP guidance on how to manage concussion and return to sport timeframes can be found at the Concussion in Australian Sport website www.ausport.gov.au/concussion/medical_practitioners

The Contestant **MUST** be symptom free for [14 days] before returning to any sparring or contact training and the minimum time for returning to a combat sport contest is then [21 days] unless:

- A. Already medically suspended for a longer duration by a Ringside Medical Practitioner.
- B. Contestant incurred a KO, requiring [30 days] mandatory suspension or [60 days] for a second consecutive KO or [90 days] for a third consecutive KO.
- C. Contestant's concussion symptoms have returned or have not resolved (no HCP clearance).

SECTION 4: HEALTHCARE PRACTITIONER – CONCUSSION CLEARANCE

I am an AHPRA registered Healthcare Practitioner and have reviewed (*insert Contestant's name*) _____ today and based upon the physical examination, referral details, mechanism of injury and evidence presented to me I can confirm:

- ✓ I have read and understood the information provided above at Section 3.
- ✓ **The Contestant has been symptom-free for at least 14 days.**
- ✓ The Contestant has progressed through the **Graded Return to Sport Framework** without evoking any recurrence of symptoms and has returned to school, study or work symptom free.
- ✓ The Contestant will not return to a combat sport contest in less time than the applicable minimum timeframe or medical suspension dates, as advised above in Section 3.

I therefore approve that this Contestant may return to full contact training and sparring and if they successfully complete contact training without recurrence of symptoms, the Contestant may return to compete in a combat sport contest.

HCP Name: _____	HCP Provider #: _____
Signature: _____	Date: _____