



(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

Passport

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 *Combat Sports Act 1984*, do not progress clearance if you cannot confirm all three tests).

Hepatitis B Surface Antigen (HBsAG) **YES**

Hepatitis C Antibody (HCV Ab) **YES**

HIV Combined Antigen-Antibody (HIV Ag/Ab) **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.

YES – Serology Clearance Granted

NO – Serology Clearance NOT Granted

Name of Medical Practitioner: _____

Contact Email or Telephone: _____

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

Medical Practitioner Registration Number: _____

Medical Practitioner's stamp:

Please email completed form to the Combat Sports Commission: combatsport@cits.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.