

MIXED MARTIAL ARTS AUSTRALASIA

PRE COMPETITION EXAMINATION

| | |
|--|---------------|
| Name: _____ | Date: _____ |
| Address: _____ | Doctor: _____ |
| _____ | |
| _____ | |
| Proof of ID: Drivers License/Passport sighted: | YES NO |

TO BE COMPLETED BY A DOCTOR NO LESS THAN 7 DAYS & NO MORE THAN 14 DAYS FROM COMPETITION

- 1 Date of Next Bout: _____
- 2 Date of last bout: _____
- 3 Number of Bouts to Date: _____
- 4 Head injuries/Concussions/KO:
6 Weeks: _____
6 Months: _____
12 Months: _____
- 5 Previous Medical Issues: _____
- 6 Previous Surgeries: _____

- 7 Regular Medication: _____
- 8 Allergies: _____
- 9 Musculoskeletal Injuries to note: _____

- 10 Heart Rate: _____
- 11 Blood Pressure: _____
- 12 Pupils: _____
- 13 Weight: _____

| |
|-----------|
| Weigh In: |
|-----------|

To be completed at competition weigh in.

Medical Practitioner Signature

Date

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Medical Practitioner Stamp