



New Brunswick  
 Combat Sport Commission

La Commission des sports de  
 combat du Nouveau-Brunswick

**New-Brunswick Combat Sport Commission**  
**MEDICAL EXAMINATION - 90 DAYS PRE FIGHT - FOR LICENSED FIGHTERS**

Name in full	Age	Date of Birth ____-____-____
Address, City, Province	Postal Code	Phone #: (____) _____-_____ E-MAIL: _____
<b>LICENCE #:</b> _____		

**BLOOD WORK:** ARE TO BE REPEATED EVERY 3 MONTHS TO MAINTAIN ELIGIBILITY TO FIGHT\*\*\*

(please provide copy of lab report)  
 -Hep B Screening \*\*\* Surface Antigen, Surface Antibody and Core Antibody  
 -Hep C Screening  
 -HIV Screening  
 -Syphilis Screening

**EXAMS:**

**EKG:** (for fighters 35 years old and over ONLY\*\*\*)

**EYE EXAM BY OPHTHALMOLOGIST OR OPTOMETRIST:** REPORT WITHIN 90 DAYS OF FIGHT\*\*\*

**GENERAL:**

To your knowledge is there any new medical condition or disorder since the last medical examination that would require additional attention or evaluation by a physician?

YES      NO

If answered yes please provide a copy of examination and conclusion.

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Applicant is considered FIT to take part in combat sport matches?      YES      NO

Signature of *PHYSICIAN*: \_\_\_\_\_

Date of declaration: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

PLEASE RETURN FORM TO: PO BOX 8056, DIEPPE N-B, E1A 9M7