



New Brunswick
 Combat Sport Commission

La Commission des sports de
 combat du Nouveau-Brunswick

**New-Brunswick Combat Sport Commission
 INITIAL MEDICAL EXAMINATION**

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

To be filled by PHYSICIAN:

PAST MEDICAL & SURGICAL HISTORY

ACTIVE MEDICATION LIST

_____	_____
_____	_____

ALLERGIES

PHYSICAL EXAM:

HEARING

Normal hearing both ears? YES NO

If hearing impairment please describe:

VISION

Uncorrected vision R _____ L _____ Corrected Vision R _____ L _____

Pupils Equal?	YES	NO
Symmetrical reaction to light?	YES	NO
Fundoscopy examination normal?	YES	NO
Normal visual field?	YES	NO

If evaluation reveals any abnormalities please describe:

GLANDS

Absence of enlargement of the thyroid OR lymphatic gland? YES NO

If evaluation reveals any abnormalities please describe:

RESPIRATORY

Normal lung exam?	YES	NO
Absence of acute of respiratory disease?	YES	NO
Absence of chronic of respiratory disease? (COPD - Asthma)	YES	NO

If evaluation reveals any abnormalities please describe:

BLOOD PRESSURE

Right Arm _____ / _____

Left Arm _____ / _____

In normal range (<140/90)?	YES	NO
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If evaluation reveals any abnormalities please discuss:

HEART

Heart rate counted at the apex for one minute _____ NORMAL? (< 100)	YES	NO
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Regular cardiac rhythm?	YES	NO
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Normal heart sounds?	YES	NO
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Absence of clinical signs/symptoms? (CHEST PAIN, PALPITATIONS)	YES	NO
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If any of questions answered by NO, please provide more information about signs or symptoms:

ABDOMEN

Normal abdominal Exam?	YES	NO
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Absence of Hernia?	YES	NO
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Normal Aorta?	YES	NO
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If evaluation reveals any abnormalities please describe:

NEUROLOGICAL EXAM

Summary Exam Normal?	YES	NO
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Are knee jerks present and equal?	YES	NO
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If evaluation reveals any abnormalities please describe:

BLOOD WORK: (please provide copy of lab report)

- CBC
- Random glucose
- Hb A1C
- Coagulation Time (INR and PTT)

- Hep B Screening *** Surface Antigen, Surface Antibody and Core Antibody
- Hep C Screening
- HIV Screening
- Syphilis Screening

EXAMS: (please provide copy of exam or report)

EKG

Normal? YES NO

CHEST XRAY

Normal? YES NO

EYE EXAM BY OPHTHALMOLOGIST OR OPTOMETRIST

Normal? YES NO

GENERAL:

Is there any condition or disorder not covered by the above information that would require additional examination or would debar the applicant from fighting?

YES NO

If answered yes please identify and describe:

Applicant is considered FIT to take part in combat sport matches?

YES NO

MEDICAL EXAMINER (print name please): _____

Signature of *Medical examiner*: _____

DATE OF EXAM: _____

I, _____ (applicant name) declare that the above information given is true and accurate to the best of my knowledge.

Signature of *Applicant*: _____