



New Brunswick  
Combat Sport Commission

La Commission des sports de  
combat du Nouveau-Brunswick

# MEDICAL EXAMINATION WITHIN 90 DAYS OF FIGHT

FOR LICENSED FIGHTERS

Name in full \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

LICENCE #: \_\_\_\_\_

## VISION EXAMS : TO BE COMPLETED BY OPHTHALMOLOGIST OR OPTOMETRIST (REPORT WITHIN 90 DAYS OF FIGHT\*\*\*)

Uncorrected vision R \_\_\_\_\_ L \_\_\_\_\_

Corrected vision R \_\_\_\_\_ L \_\_\_\_\_

Pupils Equal?

YES

NO

Symmetrical reaction to light?

YES

NO

Funoscopic examination normal?

YES

NO

Normal Visual Field?

YES

NO

*If evaluation reveals any abnormalities please describe:*

OPHTHALMOLOGIST OR OPTOMETRIST (print name please): \_\_\_\_\_

SIGNATURE OF OPHTHALMOLOGIST OR OPTOMETRIST: \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_

*Stamp or address with contact number:*

**GENERAL EXAM**

(TO BE COMPLETED BY A PHYSICIAN)

**Name of Contestant:**

**EKG:** (for fighters 35 years old and over only\*\*\*) : REPORT WITHIN 90 DAYS OF FIGHT

**MRI-Head:** (for fighters 40 years old and older) : Must be dated post last contest or within 365 days of inactivity.

**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

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.

NAME OF FIGHTER: \_\_\_\_\_

**Applicant is considered FIT to take part in combat sport contest?**

 YES NO

PHYSICIAN (print name please): \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

DATE OF EXAM : \_\_\_\_\_

*Stamp or address with contact number:*



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