



**New Brunswick  
Combat Sport Commission**  
**La Commission des sports de  
combat du Nouveau-Brunswick**

**BLOOD REQUIREMENTS FOR  
LICENSED CONTESTANTS**  
*(Valid for 180 before contest)*

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

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

Postal Code \_\_\_\_\_ Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email : \_\_\_\_\_

**BLOODWORK**

*The following tests **must** be conducted (Please attach copies of the reports):*

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

**GENERAL**

Is there any condition or disorder evident, not covered by the above information that requires additional examination or that would debar the applicant from participating in combat sports?

YES  NO

*If yes please identify and describe:*

APPLICANT NAME : \_\_\_\_\_

**Is the applicant able to participate in combat sports matches?**  YES  NO

NAME OF MEDICAL EXAMINER (printed) : \_\_\_\_\_

SIGNATURE OF MEDICAL EXAMINER: \_\_\_\_\_ DATE : \_\_\_\_\_

*Medical Examiner's Office Stamp:*



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