



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

# INITIAL MEDICAL EXAMINATION

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

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

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

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

**EYE EXAM: TO BE COMPLETED BY OPHTHALMOLOGIST OR OPTOMETRIST (Report within 90 days of contest).**

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 (please print) : \_\_\_\_\_

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:

### PAST MEDICAL & SURGICAL HISTORY:

### ACTIVE MEDICATION LIST:

### ALLERGIES:

## PHYSICAL EXAM

### HEARING

Normal hearing both ears?

YES

NO

*If hearing impairment 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

*If evaluation reveals any abnormalities please describe:*



## HEART

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Heart rate counted at the apex for one minute \_\_\_\_\_

NORMAL? (<100)

YES

NO

Regular cardiac rhythm?

YES

NO

Normal heart sounds?

YES

NO

Absence of clinical signs/symptoms?

(CHEST PAIN, PALPITATIONS)

YES

NO

*If any of questions answered by NO, please provide more information about signs or symptoms:*

## ABDOMEN

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Normal abdominal Exam?

YES

NO

Absence of Hernia?

YES

NO

Normal Aorta?

YES

NO

*If evaluation reveals any abnormalities please describe:*

## NEUROLOGICAL EXAM

Summary Exam Normal?

YES

NO

Are knee jerks present and equal?

YES

NO

*If evaluation reveals any abnormalities please describe:*

**BLOOD WORK:** (Please provide copy of lab report dated within 90 days of scheduled contest) : Blood work must be done within 90 days of contest

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

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

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:*

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