



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

INITIAL MEDICAL EXAMINATION

(For first time applicants)

Name in full _____ Age _____ Date of Birth _____

Address _____ City _____ Province _____

Postal Code _____ Phone : (_____) _____ - _____

Email : _____

EYE EXAM: TO BE COMPLETED BY OPHTHALMOLOGIST OR OPTOMETRIST (Report valid for 365 days).

Uncorrected vision R _____ L _____

Corrected vision R _____ L _____

Pupils Equal?

YES NO

Symmetrical reaction to light?

YES NO

Fundoscopic 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:

INITIAL 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

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

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. Lab report valid for 180 days).

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 (For contestants 40 years 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