



**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

Uncorrected vision R _____ L _____

Vue corrigée R _____ L _____

Pupils Equal? YES NO

Symmetrical réaction 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

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)

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

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