



Annual Medical Examination

Please book a medical examination with your doctor and bring this form, printed, with you to your doctor's appointment. For enquiries contact: contact@ausmma.com.au

Please return all pages of the completed form with blood test results to: contact@ausmma.com.au

Competitor Name: _____

Medical ID Number (NHS/CHI Registration number): _____

Date of birth: _____

Telephone number: _____

Email address: _____

Postal address: _____

Name of Examining Doctor: _____

Qualifications: _____

Doctor Registration Number: _____

Practice address: _____

Telephone number: _____

Email address: _____

PAST MEDICAL HISTORY

Any hospital admission for medical or surgical reasons? Yes No

Date	Summary	Current Status
General Notes		

Allergies?Yes No

Allergen	Reaction	Hospitalisation	Treatment
General Notes			

Medications?Yes No

Name	Dose/Frequency	Reason
General Notes		

Has anyone in the family died below the age of 40 due to a heart condition?Yes No

Relative	Summary of medical conditions	Age of Death
General Notes		

Examination normal?Yes No

Height (cm)	Weight (kg)	Heart Rate	Systolic BP	Diastolic BP

Additional weight information as reported by fighter:Yes No

Normal/Walk around weight (kg)	
Weight category for competition (kg/lbs)	

EYES

Pupil: reacting to light Right: Yes No

Comments if No...	
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Pupil: reacting to light Left: Yes No

Comments if No...	
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Fundi: Right normal? Yes No

Comments if No...	
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Fundi: Left normal? Yes No

Comments if No...	
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Visual acuity Right ____/6

Visual acuity Left ____/6

EARS/NOSE/THROAT

Tympanic Membrane Right normal? Yes No

Comments if No...	
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Tympanic Membrane Left normal? Yes No

Comments if No...	
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Hearing: Right normal? Yes No

Comments if No...	
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Hearing: Left normal? Yes No

Comments if No...	
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Teeth: Note condition: Normal? Yes No

Comments if No...	
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NECK

Movements full and pain free? Yes No

Comments if No...	
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CHEST

Rib cage normal? Yes No

Comments if No...	
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Lungs normal? Yes No

Comments if No...	
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Heart Sound: Regular? Yes No

Comments if No...	
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Murmurs? Yes No

Comments	
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Apex: Mid clavicular line 5th intercostalspace? Yes No

Comments if No...	
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ABDOMEN

Scars? Yes No

Comments If Yes	
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Enlarged liver or spleen ? Yes No

Comments If Yes	
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BACK

Is movement of the back normal? Yes No

Comments If No	
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LIMBS

Are movements of the limbs normal? Yes No

Comments If No	
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Hands and wrists normal ? Yes No

Comments If No	
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NERVOUS SYSTEM

Any tremor ?

Yes No

Comments If Yes	
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Romberg test + ?

Yes No

Comments If Yes	
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Coordination normal?

Yes No

Comments If Yes	
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Blood Test Results

NOTE TO DOCTOR: Please counsel all competitors prior to arranging phlebotomy.

Interpretation must be accompanied by copies of laboratory results sent back with this form.

HEPATITIS B	Tested within the last 6 months ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of sample:		Clear from infection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

HEPATITIS C	Tested within the last 6 months ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of sample:		Clear from infection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

HIV (Dual Antigen Test)	Tested within the last 6 months ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of sample:		Clear from infection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I CONFIRM THAT THERE ARE NO PROBLEMS FOUND AS SPECIFIED IN THIS MEDICAL EXAMINATION:

YES NO

Date of examination: _____

Signed (Doctor): _____

Print name: _____