



# Medical Form

This form must be completed and signed in order to participate in the scheduled MMA event. Please make sure you do not withhold and relevant information concerning your health. You may also be asked to provide a blood or urine sample for analysis. This form may be submitted along with any samples for inspection and authenticity by the chosen medical authority. Please make sure the information is correct.

Name:.....Age:.....D.O.B:.....

Address:.....

Postcode:.....Telephone:.....Cellphone:.....

Your GP Name:.....Telephone:.....

Surgery Address:.....

Have you ever suffered with any of the following conditions?

Concussion	YES[ ] NO[ ]	Migraines	YES[ ] NO[ ]	Headaches	YES[ ] NO[ ]
Fainting	YES[ ] NO[ ]	Dizziness	YES[ ] NO[ ]	Nose Bleeds	YES[ ] NO[ ]
Hypertension	YES[ ] NO[ ]	Ruptured Eardrum	YES[ ] NO[ ]	Visual Disturbances	YES[ ] NO[ ]
Detached Retina	YES[ ] NO[ ]	Blackouts	YES[ ] NO[ ]	Lung Disease	YES[ ] NO[ ]
Heart Disease	YES[ ] NO[ ]	Urinary Disease	YES[ ] NO[ ]	Kidney or spleen disorder	YES[ ] NO[ ]
Liver Disease	YES[ ] NO[ ]	HIV/Hepatitis	YES[ ] NO[ ]	Diabetes	YES[ ] NO[ ]
Osteo Perosis	YES[ ] NO[ ]	Recent Surgery	YES[ ] NO[ ]	Asthma	YES[ ] NO[ ]

Please specify; .....

Have you used any drugs or alcohol in the last 24Hrs; YES[ ] NO[ ]

Would you object to urine sample or blood sample test; YES[ ] NO[ ]

Please specify; .....

Are you on any medication? I.E: Pain killers, cold or flu remedies YES[ ] NO[ ]

Have you been Knocked unconscious in the last 30 days? YES[ ] NO[ ]

Is there anything more that is relevant about your health that you need to declare? YES[ ] NO[ ]

Please specify; .....

I hereby declare that the above information is accurate and correct. I therefore release the promoters of any responsibility for the assessment and or any injuries that may occur directly or indirectly from participation in this event dated below.

Competitors signature: .....Date:.....