## PART 3—RECORD OF EXAMINATION CONDUCTED BEFORE EVENT

## BOXING AND MARTIAL ARTS ACT 2000

**TO BE COMPLETED BY MEDICAL PRACTITIONER WITHIN 24 HOURS BEFORE EVENT (SECTION 14)**

**Date and time of examination** _____

**Name of contestant** _____

**Contestant registration no.** _____

**Contestant's address and phone number** _____

_____

_____

_____

**Place of examination** _____

**Weight (to be weighed in front of medical practitioner)** _____ kg

**Blood pressure** _____

**General comments (include any evidence of disease or infection)**

_____

_____

**Comment if excessively wasted or obese**

_____

**Date of last contest** _____ **Any injuries?** **YES / NO**

**If "YES", describe injury** _____

| | | Abnormal | Normal | | Abnormal | Normal |
|---|---|---|---|---|---|---|
| | Skin (incl. scar tissue) | | | Strength | | |
| | Heart & chest | | | Pupil size & reaction | | |
| | Liver & spleen | | | Vision | | |
| | Balance | | | Hearing | | |
| | Tremor | | | Speech | | |
| | Co-ordination | | | Mouth & jaw incl. TMJ | | |
| | Cervical spine (esp. ROM) | | | Nose & nasal passages | | |
| | Trunk | | | Upper limbs<br><br>Lower limbs | | |

**In my opinion this contestant is / is not fit to participate as a contestant in the proposed boxing / martial arts event.**

**If the contestant is not fit to participate, you must also complete the next paragraph:**

**In my opinion, the contestant should not participate in—**

***(a)*** **any boxing/martial art contest;**
**OR***
***(b)*** **any boxing/martial art contest or sparring,**

**until a medical practitioner finds the contestant to be fit.**

(*Strike out whichever paragraph is inapplicable)

**Other comments:**
. . . . . .
. . . . . .
**Signed (medical practitioner)** . . . . . **Date**. . . . . .
**Name (please print)** . . . . . .

## SCHEDULE 3
*Forms*

### PART 1—CERTIFICATE OF FITNESS

### BOXING AND MARTIAL ARTS ACT 2000

Name of contestant . . . . . .

Contestant registration no . . . . . .

Address of contestant . . . . . .

. . . . . Postcode . . . . . .

Phone number . . . . . .

Contestant's date of birth . . . . . Sex . . . . . .

I certify that I have conducted a medical examination on the above named person as required under the *Boxing and Martial Arts Act 2000* and I am of the opinion that the person is fit to participate as a contestant in a boxing or martial arts contest.

Signature of medical practitioner . . . . . Date. . . . . .

Name of medical practitioner . . . . . .

Address of practice . . . . . .

. . . . . Postcode. . . . . .

Phone number . . . . . .

Qualifications . . . . . .

Date of examination of contestant . . . . . .

**PART 2—REPORT TO MINISTER WHERE CONTESTANT UNFIT**

**BOXING AND MARTIAL ARTS ACT 2000**

This report is lodged by—

Name of medical practitioner . . . . . .

Address of practice . . . . . .

. . . . . Postcode. . . . . .

Phone number . . . . . .

Qualifications . . . . . .

I advise that I have conducted a medical examination on the person named below as required under the *Boxing and Martial Arts Act 2000* and I am of the opinion that the person is unfit to participate as a contestant in a boxing / martial arts contest.

Name of contestant . . . . . .

Contestant registration no . . . . . .

Address of contestant . . . . . .

. . . . . Postcode. . . . . .

Contestant's date of birth . . . . . Sex. . . . . .

Date of examination. . . . . .

Reasons for finding contestant unfit:

. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .

Signature of medical practitioner . . . . . Date. . . . . .

**PART 3—DECLARATION UNDER SECTION 14(3)**

**BOXING AND MARTIAL ARTS ACT 2000**

Name of contestant . . . . . .

Contestant registration no . . . . . .

Address of contestant . . . . . .

. . . . . Postcode . . . . . .

Phone number . . . . . .

Contestant's date of birth . . . . . Sex . . . . . .

Date, time and place of proposed event . . . . . .

I have conducted a medical examination on the above named person as required under the *Boxing and Martial Arts Act 2000* and I declare that the person is unfit to participate as a contestant in the proposed boxing / martial arts contest.

Signature of medical practitioner . . . . . Date. . . . . .

Name of medical practitioner . . . . . .

Address of practice . . . . . .

. . . . . Postcode. . . . . .

Phone number . . . . . .

Qualifications . . . . . .

Date of examination of contestant . . . . . .

## PART 4—REPORT OF EXAMINATION CONDUCTED AFTER EVENT

## BOXING AND MARTIAL ARTS ACT 2000

**TO BE COMPLETED BY MEDICAL PRACTITIONER WITHIN 24 HOURS AFTER EVENT (SECTION 14)**

**Date and time of examination** _____

**Place of examination** _____

**Date, time and place at which event held** _____

**Name of contestant** _____

**Contestant registration no.** _____

**Contestant's address and phone number** _____

_____

_____

**Result of contest** **WIN / LOSS**

**Any evidence of injury arising from contest** **YES / NO**

**If "YES", provide particulars:**

| |
|---|
| 1 |
| 2 |
| 3 |

| **Procedures to be carried out in respect of the above injuries or recommended treatment:** |
|---|
| |

**Other comments** _____

_____

_____

**Signature of medical practitioner** . . . . . **Date**. . . . . .

**Name of medical practitioner** . . . . . .

**Address of practice** . . . . . .

. . . . . **Postcode**. . . . . .

**Phone number** . . . . . .

**Qualifications** . . . . . .