

Fight Sports Association



Incorporated



BLOOD TESTING

I certify that I have sighted the results of blood testing relating to:

Contestant full name:

First name _____ Surname _____

Contestant full address:

House Number: _____

Street name: _____

Suburb: _____

State/Territory: _____

Postcode: _____

The tests are dated: _____ (dd/mm/yyyy)

The tests show that the contestant's blood is infectious to other people or could be expected to be infectious in the next six months with the following viruses:

HIV *YES / NO

Hepatitis B *YES / NO

Hepatitis C *YES / NO

The contestant is therefore *FIT / UNFIT to compete in amateur contests

Medical Practitioner name: _____

Medical Practitioner's Signature: _____

Qualification(s): _____

Address: _____

Phone: _____ (including area code)

Date: _____ (dd/mm/yyyy)

*Cross out whichever is inapplicable.

CONSENT FOR RELEASE OF BLOOD TEST RESULTS

I, (insert name of contestant) _____

of (address of contestant or 'as above') _____

hereby authorise the release of the results of the required test to the FIGHT SPORTS ASSOCIATION and its officers, for the purposes of protecting my health and safety and that of other participants.

Signature of Person Examined: _____

Date: _____ (dd/mm/yyyy)

CONFIRMATION OF IDENTITY

I sighted a driver's licence or _____ (name of other document)

as photographic proof of identity of _____

(name of the contestant) whose results are detailed above.

Signature of Medical Practitioner: _____

Date: _____ (dd/mm/yyyy)