



Annual Medical Examination form for Mixed Martial Arts competitors

COMPETITOR This form must be completed by a doctor licensed to practice medicine in your region
Please return (with laboratory blood test results if available) as a scanned PDF to: records@safemma.org

DOCTOR For any queries please contact: records@safemma.org | Any fees charged for this examination are payable
by the competitor | Where serology is being reviewed, a copy of the laboratory blood test result form is required

Competitor name

Competitor date of birth

 (DD/MM/YY)

Date of examination

 (DD/MM/YY)

Examining Doctor name

Examining Doctor registration number

Examining Doctor email address

Examining Doctor correspondence address

**This medical examination is completed
without access to medical records and the
information contained therein is as disclosed
to me by the competitor**

**Indicate if
applicable*

*(stamp here if available,
else signature required below)*

*Medical Examination form ONLY valid with
Examining Doctor's stamp above OR signature below*

Doctor signature

MEDICAL HISTORY | Detail any hospital admissions, serious injury or illness (physical or mental) and chronic conditions including current status and if under specialist care. Please specifically enquire about headache; dizziness; mood problems; forgetfulness; double vision; back, nuchal or radicular pain

SURGICAL HISTORY | Detail any surgical procedures carried out, including ophthalmic or laser surgery

DRUG HISTORY | Detail use of any regular supplement or medication

ALLERGIES | Detail any allergies

FAMILY HISTORY | Detail any FH sudden cardiac death, dementia or parkinsonism

PHYSICAL EXAMINATION

SYSTEM

**Indicate if NORMAL*

<input type="text" value="cm"/>	Height
<input type="text" value="kg"/>	Weight current
<input type="text" value="kg"/>	Weight 'walk around'
<input type="text" value="kg"/>	Weight competition class
<input type="text" value="bpm"/>	Heart rate
<input type="text" value="mmHg"/>	Blood pressure

VISUAL ACUITY

	Left eye	Right eye
Uncorrected	<input type="text" value="/"/>	<input type="text" value="/"/>
Corrected	<input type="text" value="/"/>	<input type="text" value="/"/>

Medical Examination form will NOT be accepted without UNCORRECTED visual acuity test results

Cardiovascular | Heart sounds?
Added Sounds? Apex beat position?

Respiratory | Rib cage? Breath sounds vesicular? Wheeze?

Abdominal | Scars? Organomegaly?

Musculoskeletal | Back and neck movement? Upper and lower limb movements?

Ear, nose and throat | TMs normal?
Whisper test for auditory acuity?
Oropharynx? Loose teeth?
Lymphadenopathy?

Neurological | Muscle weakness?
Coordination? Tremor? Romberg?
Cognitive impairment? Nystagmus?

Eyes | Pupils equal and reactive to light?

ABNORMALITIES / COMMENTS | Detail any abnormality in physical examination

SEROLOGY

Leave blank UNLESS laboratory results available, in which case a copy must accompany this form

Please counsel all competitors prior to arranging phlebotomy. Risk assessment questionnaire available at: safemma.org/medical-forms

	RESULT	DATE
HEP B (HBsAg)	<input type="text"/>	<input type="text"/>
HEP C (Anti-HCV)	<input type="text"/>	<input type="text"/>
HIV (Ag/Ab)	<input type="text"/>	<input type="text"/>

PLEASE DETAIL BELOW ANY CONCERNS YOU MAY HAVE REGARDING THIS PERSON'S PARTICIPATION IN CONTACT SPORTS INCLUDING BOXING AND MIXED MARTIAL ARTS

Examining Doctor name

Competitor name

Examining Doctor signature

Date

**Indicate if any notes (OTHER THAN blood test results) attached*