



# Sanda Athlete Certificate of Fitness

## PART ONE – To be completed by the examining medical practitioner

Full Name of the Sanda Contestant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

I certify that this person is ***in good health*** to participate in full contact martial arts contests.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_  
Medical PractitionerMedical Practitioner

Provider Number \_\_\_\_\_

Date \_\_\_\_\_

Medical practitioner's stamp

# PART TWO – Medical and Competition History

## Division 1 – Personal Details and Competition History (To be completed by the contestant)

Name of Sanda Contestant \_\_\_\_\_ Examination Date \_\_\_\_\_

Contestant's address \_\_\_\_\_ Date of birth \_\_\_\_\_

Contestant's telephone number \_\_\_\_\_ Sex.....**M / F** (circle one)

1. Career competition history:

Career Results	Wins	Losses	Draws
Amateur			
Professional			

2. Have you suffered any injury while competing? **Yes / No** (circle one)
3. Have you had any headaches, vomiting or problems with speech or vision after a contest? **Yes / No** (circle one)

## Division 2 – Medical History (To be completed by the medical practitioner)

		Y e s	N o			Y e s	N o			Y e s	N o
1.	Have you at present any: a. illness b. disability			10.	a. Shortness of breath			20.	a. Nervous trouble b. Severe depression c. Mental illness d. Attempted suicide		
2.	Are you now receiving medicine, drugs, or other treatment			11.	a. Pneumonia b. Bronchitis or pleurisy			21.	a. Kidney disease b. Bladder disease c. Pain passing urine d. Blood in your urine		
3.	Has an accident or illness kept you off work for more than one week			12.	a. Coughing blood b. Coughing up phlegm			22.	Frequent indigestion		
4.	Have you ever had any operations			13.	Tuberculosis			23.	a. Ulcer of stomach b. Ulcer of duodenum		
5.	Have you ever been a patient in any hospital: a. Medical b. Other			14.	a. Asthma b. Other lung disease			24.	a. Gall bladder trouble b. Gall stones		
<b>Have you ever had or are you now suffering from any of the following?</b>				15.	a. Deafness b. Tinnitus			25.	Sugar diabetes		
6.	a. Rheumatic fever b. Heart disease			16.	a. Visual problems b. Do you wear glasses or contact lens			26.	a. Hepatitis or other jaundice b. Liver disease		
7.	Palpitations or pounding heart			17.	a. Fainting attacks b. Blackouts			27.	a. Rupture b. Hernia c. Swollen or painful testicles		
8.	High or low blood pressure			18.	a. Fits or convulsions b. Epilepsy c. Giddiness			28.	a. Any skin trouble b. Tendency to bruise or bleed easily		
9.	Swollen or painful joints (other than through injury)			19.	a. Severe headaches b. Migraines			29.	a. Concussion b. Severe head injury c. Loss of consciousness		

		Y e s	N o			Y e s	N o			Y e s	N o
30.	Knee injury Ankle injury Back injury Other joint injury or dislocation			32.	Paralysis (including polio)			34.	(Females) Are you pregnant?		
31.	Fractured bones Chipped bones			33.	Any other injury, illness or disability						

**Medical Practitioner's Notes on History** (A 'Yes' answer to any question requires the medical practitioner to state the question number and comment here)

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35. Over the past five (5) years has the contestant, either occasionally or regularly, taken any stimulants, sedatives, medications or drugs by mouth or by injection? **Yes / No (circle one)**

If 'Yes', provide details and, if prescribed by a doctor, include the relevant particulars in question 36 below.

36. Over the past five (5) years has the contestant had any medical examination, advice, treatment or been in hospital?

**Yes / No (circle one)**

If 'Yes', provide particulars of each instance (including x-ray, electrocardiogram or other special tests) in the table below.

Date	Name and address of doctor and/or hospital	Reason (If illness or injury, give duration and date of recovery)

37. Details of photographic identification presented to the medical practitioner, eg driver's licence or passport:

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**Contestant's Declaration and Release of Medical Information Authorisation**

I declare that the information in the Certificate of Fitness true and complete to the best of my knowledge and belief.

Contestant's name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have completed the above medical history and have witnessed the contestant's signature.**

Signature of medical practitioner \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**THIS MEDICAL FORM AND THE INFORMATION HEREIN IS TO REMAIN CONFIDENTIAL AND SECURELY STORED BY THE PROMOTER FOR A PERIOD OF 12 MONTHS FROM THE DATE OF SIGNING.**

## PART THREE – Record of Medical Examination

### Medical Examination

**(Medical practitioner to complete)** Tick the appropriate column. If not examined, insert 'NE' in the Normal column

Physical Examination		Normal	Abnormal	Physical Examination		Normal	Abnormal
1.	a. Head, face, scalp b. Neck R.O.M.			15..	Abdomen (include hernial orifices)		
2.	a. Nose deformity b. Nose airway			16.	Endocrine system		
3.	a. Mouth, throat b. Speech			17.	External genitalia		
4.	a. Teeth, gums b. Dentures Yes / No			18.	a. Feet b. Limbs R.O.M. c. Gait		
5.	a. Ears – general b. Ears - hearing			19.	A. Spine b. Trunk R.O.M. c. Posture (standing)		
6.	Tympanic membranes			20.	a. Nervous system b. Cranial nerves		
7.	Eustachian tubes			21.	a. Cerebellum function b. Body balance/ coordination		
8.	Eyes – general			22.	a. Muscle tone b. Muscle strength c. Sensation		
9.	a. Visual fields b. Eye gaze			23.	Reflexes		
10.	Eye movement			24.	Skin		
11.	Ophthalmoscopic examination			25.	Lymphatic system Lymph glands in neck axillae or inguinal		
12.	Chest, lungs			26.	Emotional stability		
13.	Heart (if ECH performed, note result in section & enclose F MED 53)			27.	Other		
14.	Vascular system (include veins)			28.	Identifying marks		
29. Frame: Large Medium Small				30. Height: (cm)			
31. Chest: (cm) Exp Ins				32. Waist (cm)			
33. Urinalysis: Albumin Sugar				34. Weight: (kg)			
35. Blood Pressure: Systolic Diastolic				36. Eyes – colour			
37. Distant vision: R6		Corr 6		L6		to 6	
Near vision: Normal / Abnormal							
38. Has a MRI Scan been conducted?		Yes / No		Is the MRI satisfactory		Yes / No	
Any further testing required?		Yes / No		Please attach a copy of the radiologist's report.			

39. **Medical Practitioner's Notes on Medical Examination** (provide details of any abnormality noted and enter the relevant question number before each comment)

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40. Is any further testing required? Yes / No (circle one)

**Neuro/Psychological Examination**

		Yes	No
41.	Is there any evidence of a change in character?		
42.	Has the contestant a good memory for recent events and, in particular, recent contests?		
43.	Does the contestant follow conversation with attention and intelligence?		
44.	Is there any evidence of a tendency to violence outside the competitive arena?		

45. **Medical Practitioner’s Notes on Neuro/Psychological Examination** (state whether further assessment is required)

\_\_\_\_\_

\_\_\_\_\_

46. **Particulars of any Disabilities**

\_\_\_\_\_

\_\_\_\_\_

47. **Medical Practitioner’s Summary**

Name of examined contestant \_\_\_\_\_

Do you consider the contestant to be in good health to participate as a contestant in full contact martial arts contests?

**Yes      No      Further Assessment Required (circle one)**

Any comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of medical practitioner \_\_\_\_\_ Date \_\_\_\_\_

Name of medical practitioner (please print) \_\_\_\_\_ Telephone number \_\_\_\_\_

Address of practice \_\_\_\_\_

**THIS MEDICAL FORM AND THE INFORMATION HEREIN IS TO REMAIN CONFIDENTIAL AND SECURELY STORED BY THE ORGANISER FOR A PERIOD OF 12 MONTHS FROM THE DATE OF SIGNING.**



## ***Sanda Athlete Serology Report***

Please attach a serology report consisting of **all three** test results:

**The test results:**

- i. H.I.V.
- ii. Hepatitis B Antigen
- iii. Hepatitis C

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