Annual Medical Examination

IMMAFA
INTERNATIONAL MIXED MARTIAL ARTS FEDERATION OF AUSTRALIA

Please book a medical examination with your doctor and bring this form, printed, with you to your doctor's appointment. For enquiries contact: medical@immafa.org.au

Please return all pages of the completed form with blood test results to: medical@immafa.org.au

Competitor Name: _____

Medical ID Number *(NHS/CHI Registration number)*: _____

Date of birth: _____

Telephone number: _____

Email address: _____

Postal address: _____

Name of Examining Doctor: _____

Qualifications: _____

Doctor Registration Number: _____

Practice address: _____

Telephone number: _____

Email address: _____

PAST MEDICAL HISTORY

Any hospital admission for medical or surgical reasons? **Yes** ☐ **No** ☐

Date	Summary	Current Status
General Notes		

Allergies? **Yes ☐** **No ☐**

Allergen	Reaction	Hospitalisation	Treatment
General Notes			

Medications? **Yes ☐** **No ☐**

Name	Dose/Frequency	Reason
General Notes		

Has anyone in the family died below the age of 40 due to a heart condition? **Yes ☐** **No ☐**

Relative	Summary of medical conditions	Age of Death
General Notes		

Examination normal? **Yes ☐** **No ☐**

Height (cm)	Weight (kg)	Heart Rate	Systolic BP	Diastolic BP

Additional weight information as reported by fighter: **Yes ☐** **No ☐**

Normal/Walk around weight (kg)	
Weight category for competition (kg/lbs)	

EYES

Pupil: reacting to light Right: **Yes ☐** **No ☐**

Comments if No...	

Pupil: reacting to light Left: **Yes ☐** **No ☐**

Comments if No...	

Fundi: Right normal? **Yes ☐** **No ☐**

Comments if No...	

Fundi: Left normal? **Yes ☐** **No ☐**

Comments if No...	

Visual acuity Right_____/6 **Visual acuity Left ____/6**

EARS/NOSE/THROAT

Tympanic Membrane Right normal? **Yes ☐** **No ☐**

Comments if No...	

Tympanic Membrane Left normal? **Yes ☐** **No ☐**

Comments if No...	

Hearing: Right normal? **Yes ☐** **No ☐**

Comments if No...	

Hearing: Left normal? **Yes ☐** **No ☐**

Comments if No...	

Teeth: Note condition: Normal? **Yes ☐** **No ☐**

Comments if No...	

NECK

Movements full and pain free? **Yes ☐** **No ☐**

Comments if No...	

CHEST

Rib cage normal? **Yes ☐** **No ☐**

Comments if No...	

Lungs normal? **Yes ☐** **No ☐**

Comments if No...	

Heart Sound: Regular? **Yes ☐** **No ☐**

Comments if No...	

Murmurs? **Yes ☐** **No ☐**

Comments	

Apex: Mid clavicular line 5th intercostal space? **Yes ☐** **No ☐**

Comments if No...	

ABDOMEN

Scars? **Yes ☐** **No ☐**

Comments If Yes	

Enlarged liver or spleen ? **Yes ☐** **No ☐**

Comments If Yes	

BACK

Is movement of the back normal? **Yes ☐** **No ☐**

Comments If No	

LIMBS

Are movements of the limbs normal? **Yes ☐** **No ☐**

Comments If No	

Hands and wrists normal ? **Yes ☐** **No ☐**

Comments If No	

NERVOUS SYSTEM

Any tremor ? **Yes ☐** **No ☐**

Comments If Yes	

Romberg test + ? **Yes ☐** **No ☐**

Comments If Yes	

Coordination normal? **Yes ☐** **No ☐**

Comments If Yes	

Blood Test Results

NOTE TO DOCTOR: Please counsel all competitors prior to arranging phlebotomy.
Interpretation must be accompanied by copies of laboratory results sent back with this form.

HEPATITIS B	Tested within the last 6 months **?**		Yes ☐ No ☐
Date of sample:		Clear from infection?	Yes ☐ No ☐

HEPATITIS C	Tested within the last 6 months **?**		Yes ☐ No ☐
Date of sample:		Clear from infection?	Yes ☐ No ☐

HIV (Dual Antigen Test)	Tested within the last 6 months **?**		Yes ☐ No ☐
Date of sample:		Clear from infection?	Yes ☐ No ☐

I CONFIRM THAT THERE ARE NO PROBLEMS FOUND AS SPECIFIED IN THIS MEDICAL EXAMINATION:

YES ☐ **NO ☐**

Date of examination: _____

Signed (Doctor): _____

Print name: _____