Blood Test Review

IMMAFA
INTERNATIONAL MIXED MARTIAL ARTS FEDERATION OF AUSTRALIA

To be used when blood test results ONLY are being submitted (i.e., when a valid Annual Medical is already in place.) Please return WITH COPIES OF LABORATORY 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 Reviewing Doctor: _____

Qualifications: _____

Doctor Registration Number: _____

Practice address: _____

Telephone number: _____

Email address: _____

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 ☐

Signed (Doctor): _____

Date: _____