



MUAYTHAI AUSTRALIA FEDERATION

Under the umbrella of the World Muaythai Council & International Federation of Muaythai Amateur

ANNUAL PRE-FIGHT MEDICAL REPORT COMPETITOR

Applicant's name: _____ D.O.B. _____ M/F: _____

Address: _____ State: _____ Postcode: _____

Telephone: _____

MEDICAL PRACTITIONER

Name: _____ Address: _____

Signature: _____ Date: _____ Telephone: _____

SEROLOGY REPORT

Note: A copy of the Blood Test and pregnancy test must be produced along with this medical

Hepatitis B Positive
Negative

Hepatitis C Positive
Negative

H.I.V. Positive
Negative

Pregnancy Positive
Negative

COMMENTS _____

HAVE YOU PREVIOUSLY OR DO YOU SUFFER FROM:

FAINTING	YES / NO
EPILEPSY	YES / NO
RHEUMATIC FEVER	YES / NO
NERVOUS DISORDERS	YES / NO
SERVERE OR MIGRANE HEADACHES	YES / NO
RENAL OR BLADDER DISEASE	YES / NO
ASTHMA, BRONCHITIS OR PLEURISY	YES / NO
MENTAL ILLNESS OR DISABILITY	YES / NO
HIGH OR LOW BLOOD PRESSURE	YES / NO
ANY OTHER INJURY OR DISORDER	YES / NO

COMMENTS _____

EXAMINATION COMPARISON MARK N= NORMAL A= ABNORMAL

HEAD ___ FACE ___ GUMS ___
EYES ___ HEARING ___ LUNGS ___
HEART ___ FEET ___ SPINE ___
VISUAL FIELDS ___ ABDOMEN ___
UPPER EXTREMITIES ___
LOWER EXTREMITIES ___
NERVOUS SYSTEM ___
FRAME: LARGE MEDIUM SMALL
WEIGHT KGS ___ HEIGHT CM ___
BLOOD PRESSURE ___ / ___
COMMENTS _____

IS THERE ANY EVIDENCE OF A CHANGE IN CHARACTER, MEMORY, ATTENTION SPAN, INTELLIGENCE OR A TENDENCY
TO VIOLENCE OUTSIDE THE COMPETITIVE AREA?

COMMENTS: _____

I CONSIDER _____ TO BE FIT TO COMPETE IN A MUAY THAI BOUT YES / NO

RELEASE OF INFORMATION

I _____ HERE BY RELEASE THE INFORMATION CONTAINED IN THIS DOCUMENT TO THE
OFFICIALS OF THE SANCTIONING BODY CONCERNED.

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www.muaythaiaustralia.org