

COMPLETE PHYSICAL EXAMINATION FORM

INSTRUCTIONS: Only this form created by the Athletics Commission of Saskatchewan will be accepted in order to satisfy the requirement. This completed form can be emailed to acs@gov.sk.ca, faxed to 306-787-5523, or mailed to the Athletics Commission of Saskatchewan, 1st Floor—3211 Albert St, Regina, Saskatchewan, S4S 5W6.

APPLICANT INFORMATION (to be completed by the applicant)

Full name of applicant (<i>first, middle, last</i>):	Date of birth (<i>month, day, year</i>):
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Address (*street address, city, province/state, postal code/zip code, country*):

Primary telephone no. (*include area code*):

Business telephone no. (*include area code*):

Sex (*male or female*):

Height:

Weight:

Amateur Boxing Record

Amateur Mixed Martial Arts Record

Other Amateur Combative Sport Record

Wins____Losses____Draw____

Wins____Losses____Draw____

Wins____Losses____Draw____

Pro Boxing Record

Pro Mixed Martial Arts Record

Other Pro Combative Sport Record

Wins____Losses____Draw____

Wins____Losses____Draw____

Wins____Losses____Draw____

MEDICAL HISTORY (to be completed by the applicant)

Have you ever had any of the following conditions?

- | | | | |
|---|---|--|-------------------------------------|
| ☐ Fainting spells | ☐ Rupture (hernia) | ☐ Chest pains | ☐ Operations |
| ☐ Shortness of breath | ☐ Swollen joints | ☐ Rheumatism | ☐ Diabetes |
| ☐ Frequent headaches | ☐ Convulsions (fits) | ☐ Chronic cough | ☐ Asthma |
| ☐ Bleeding disorders | ☐ Palpitations (racing heart rate) | ☐ Seizures | ☐ Allergies |
| ☐ Cerebral hemorrhage or any other serious head injury | | ☐ Spitting of blood | ☐ Concussion |
| ☐ Hearing problems | ☐ Facial injuries | ☐ Thyroid disorders | ☐ Ulcers |
| ☐ Kidney disease | ☐ Pinched nerve | ☐ Broken bone | |

If "Yes" to any of the above, explain: _____

Have you seen a doctor for any medical problem in the last 3 months? If yes, explain: _____

Do any diseases run in your family? _____

Number of knockouts received: _____ Date of last knockout (*month, day, year*): _____

Longest duration of unconsciousness: _____

Length of time before resuming combative sports after last knockout: _____

Have you ever been knocked unconscious in other sport or in any other way? If yes explain: _____

PHYSICAL EXAMINATION (to be completed by the examining medical practitioner)

Pulse at rest: _____

Pulse after 100 hops: _____

Blood pressure at rest: _____

Blood pressure after 100 hops: _____

GLANDS

Enlarged (yes/no): _____

Goiter (yes/no): _____

HEART

Pulse rhythm (regular/irregular): _____

Apical impulse (heavy/normal): _____

Enlargement (yes/no): _____

Murmurs (yes/no): _____

LUNGS

Rales (yes/no): _____

BREASTS

Mass (yes/no): _____

Tenderness (yes/no): _____

Discharge (yes/no): _____

ABDOMEN

Enlargement of liver (yes/no): _____

Enlargement of spleen (yes/no): _____

Hernia (yes/no): _____

If yes, femoral, inguinal or ventral: _____

TESTICLES

Normal (yes/no): _____

REFLEXES

Pupils: _____

Knee jerks: _____

Romberg: _____

Babinski: _____

SKIN

Rash: _____

Boils: _____

Any other unhealed wounds: _____

Medications:

DIAGNOSTICS (The original lab report with applicant's name and date the tests were performed must be submitted)

1. HIV
2. Hepatitis B (**ANTIGEN REPORT REQUIRED EVEN IF IMMUNIZED**)
3. Hepatitis C
4. Women only: Pregnancy (**LAB TEST WITHIN 7 DAYS PRIOR TO EVENT**)

CERTIFICATION (to be completed by the examining medical practitioner)

I hereby certify that based on the statements made by the applicant on the reverse side of this form, my physical findings, and pending any medical testing not yet reviewed, it is my opinion that _____ ☐ IS ☐ or IS NOT in good physical condition and is medically cleared to be licensed as a competitor in a combative sport.

Reason not cleared for competition: _____

Name of medical practitioner (print): _____ Signature: _____

Date of examination: _____

Office address: _____ Telephone number: _____

E-mail: _____ Fax: _____