

- Boxing
- Kickboxing
- Medical examination required to obtain a contestant's licence (Complete sections I, II, III, IV and V).
- Medical examination required when a Québec contestant wishes to participate in a combat sports event (Complete sections I, III and V).
- Medical examination immediately prior to a bout (Complete sections I, III and V).

SECTION I - IDENTIFICATION OF APPLICANT

1.1 Name		First name	1.2 Pseudonym (if any)	
1.3 Address - Street		Apt.	City or town	Province - State - Country
1.4 Postal code	1.5 Date of birth		1.6 Weight	
<input type="text"/>	<input type="text"/>		<input type="text"/> kg (lb)	

SECTION II - MEDICAL AND FAMILY HISTORY

Indicate any contraindications to fighting: _____

SECTION III - MEDICAL EXAMINATION

3.1	Hearing	Is there perforation of the tympanum?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
		Is there hypacusis?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
		Is there chronic otitis?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.2	Vision	Is there • Isochoria?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
		• Is the light reflex normal?	Left: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Right: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		• Is the fundoscopic examination normal?	Left: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Right: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Vision	Left:	/20	Right:	/20				
3.3	Mouth	Is there any disease of the mouth or throat?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.4	Neck (glands)	Is there any enlargement of the thyroid or lymph glands?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.5	Respiratory system	Is there any evidence of	- acute respiratory disease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
			- chronic respiratory disease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
3.6	Blood pressure	Systolic	Diastolic	At disappearance of sound						
		1st reading	<input type="text"/>	<input type="text"/>	<input type="text"/>					
		2nd reading	<input type="text"/>	<input type="text"/>	<input type="text"/>					
3.7	Heart	Pulse measured by cardiac auscultation for 1 minute	<input type="text"/>							
		Is there any irregularity in the heartbeat?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
		Is there any evidence of disease of the heart or blood vessels?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.8	Abdomen	Does examination reveal any abnormality? (hepatomegaly, splenomegaly) If so, specify: _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.9	Hernia	Is there any hernia?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.10	Nervous system	Is there any evidence of impairment of the nervous system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.11	Hands	Is there any evidence of swelling or injury?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.12	Alcohol	Is there any evidence of the use of alcoholic beverages?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
	Drugs	Is there any evidence of the use of stimulants?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
	Tobacco	Is tobacco used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.13	General condition	Is there any evidence of a pathological condition not specifically described above and for which an additional examination would be required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.14	Thorax	Is there a fracture of the ribs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
3.15	Facial bones	Has there been a recent fracture or sprain?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
	Nose Maxilla									
3.16	Feet (for kickboxers)	Has there been a recent fracture or sprain?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

3.17	Breasts (for female contestants)	Does the examination reveal any abnormality? Is a breast prosthesis used? ⁽¹⁾	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3.18	Eyes	Examination by an ophthalmologist if the contestant is 40 years of age or older	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

SECTION IV - LABORATORY TESTS

4.1	EEG	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Attach a copy of the reports.
4.2	Exercise ECG (if the contestant is 40 years of age or older or if he has had a physical examination which suggests cardiac problems).	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Attach a copy of the reports.
4.3	Pregnancy	Pregnancy blood test 7 days before the event ⁽¹⁾ Positive <input type="checkbox"/> Negative <input type="checkbox"/>
4.4	Hemogram	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> HIV <input type="checkbox"/> Negative

SECTION V - OTHER (If applicable)

5.1	Remarks: _____ _____ _____
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⁽¹⁾ A female contestant who uses a breast prosthesis or who is pregnant shall not be declared fit to fight.

I hereby certify that I have examined the above-named applicant and that, as a result of the examination, I consider the applicant to be:

Fit Unfit to fight.

Signature: _____
(examining physician)

Date: | | |
 year month day