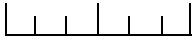



MEDICAL EXAMINATION FOLLOWING A BOUT

Regulation respecting combat sports (s. 159, 1st par., subpar. 4)

This form must be completed at the conclusion of any bout in which the contestant has participated. The medical condition of the contestant and any injury sustained during the bout must be noted herein. This report must also be completed where a contestant has sustained an injury while training or in any other circumstances.

1.1 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 _____ kg (lb) _____ Date of the injury _____
  

General condition of contestant: _____

Specify any injury reported by contestant: _____

Treatment prescribed: _____


Tests or examinations administered (please indicate and/or attach results).
A copy of EEG and ECG reports and ophthalmological reports must be forwarded to the board.

Recommendations: _____

Physician's signature: _____ Date: _____

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Name of contestant: _____ Nature of the injury: _____

Date of suspension:  Length of suspension: _____ Date suspension lifted: 
