

(Approved form: section 11 of the *Combat Sports Regulation 2009*)

Serology Testing for Professional Combatants – Medical Practitioner to complete

A person is not eligible to be registered or have their registration renewed if the Certificate of Fitness is not accompanied by a negative serology test result for that person that is less than one month old.

Combatant's Name: _____

Combatant's Address: _____

Whom I identified from: NB: The Combatant must provide at least one of these forms of photo identification for the Combat Sports Authority to accept the tests.

- a) Photo Drivers License No: _____
- b) Photo in Medical Record Book of Combatant No: _____
- c) Photo Passport No: _____ Country of issue _____

Presented themselves for:-

A HIV test and the result of the test carried out is that the above named person is: (tick as appropriate)

Classified as HIV negative:-

A Hepatitis test, the result of the test carried out is that the above named person is Classified:

Hepatitis "B" Antigen Negative or Immune Status

Hepatitis "C" Negative

Other Comments: _____

<p>Medical Practitioner: (Please print) _____</p> <p>Address: _____</p> <p>Phone: _____ Mobile: _____</p> <p>Medical Practitioner's Signature: _____ Date: _____</p>
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RELEASE OF INFORMATION – Combatant to complete

I _____ (Combatant's name) hereby authorise the release of these results of the tests set out above and any further information required to the Combat Sports Authority of NSW and Sport and Recreation Officers that assist administer the Act.

Signature of combatant _____

Registration No: _____ Date ____/____/____