



# Annual Medical Examination form for Mixed Martial Arts competitors

**COMPETITOR** This form must be completed by a doctor licensed to practice medicine in your region  
Please return (with laboratory blood test results if available) as a scanned PDF to: [records@safemma.org](mailto:records@safemma.org)

**DOCTOR** For any queries please contact: [records@safemma.org](mailto:records@safemma.org) | Any fees charged for this examination are payable  
by the competitor | Where serology is being reviewed, a copy of the laboratory blood test result form is required

Competitor name

Competitor date of birth

Date of examination

Examining Doctor name

Examining Doctor registration number

Examining Doctor email address

Examining Doctor correspondence address

  
  

This medical examination is completed  
without access to medical records and the  
information contained therein is as disclosed  
to me by the competitor

*\*Indicate if  
applicable*

*(stamp here if available,  
else signature required below)*

*Medical Examination form ONLY valid with  
Examining Doctor's stamp above OR signature below*

*Doctor signature*

**MEDICAL HISTORY** | Detail any hospital admissions, serious injury or illness (physical or mental) and chronic conditions including current status and if under specialist care. Please specifically enquire about headache; dizziness; mood problems; forgetfulness; double vision; back, nuchal or radicular pain

**SURGICAL HISTORY** | Detail any surgical procedures carried out, including ophthalmic or laser surgery

**DRUG HISTORY** | Detail use of any regular supplement or medication

**ALLERGIES** | Detail any allergies

**FAMILY HISTORY** | Detail any FH sudden cardiac death, dementia or parkinsonism

## PHYSICAL EXAMINATION

## SYSTEM

*\*Indicate if NORMAL*

<input type="text" value="cm"/>	Height
<input type="text" value="kg"/>	Weight   current
<input type="text" value="kg"/>	Weight   'walk around'
<input type="text" value="kg"/>	Weight   competition class
<input type="text" value="bpm"/>	Heart rate
<input type="text" value="mmHg"/>	Blood pressure

### VISUAL ACUITY

	Left eye	Right eye
Uncorrected	<input type="text" value="/"/>	<input type="text" value="/"/>
Corrected	<input type="text" value="/"/>	<input type="text" value="/"/>

*Medical Examination form will NOT be accepted without UNCORRECTED visual acuity test results*

**Cardiovascular** | Heart sounds?  
Added Sounds? Apex beat position?

**Respiratory** | Rib cage? Breath sounds vesicular? Wheeze?

**Abdominal** | Scars? Organomegaly?

**Musculoskeletal** | Back and neck movement? Upper and lower limb movements?

**Ear, nose and throat** | TMs normal?  
Whisper test for auditory acuity?  
Oropharynx? Loose teeth?  
Lymphadenopathy?

**Neurological** | Muscle weakness?  
Coordination? Tremor? Romberg?  
Cognitive impairment? Nystagmus?

**Eyes** | Pupils equal and reactive to light?

### ABNORMALITIES / COMMENTS | Detail any abnormality in physical examination

### SEROLOGY

*Leave blank UNLESS laboratory results available, in which case a copy must accompany this form*

*Please counsel all competitors prior to arranging phlebotomy. Risk assessment questionnaire available at: [safemma.org/medical-forms](http://safemma.org/medical-forms)*

	RESULT	DATE
HEP B (HBsAg)	<input type="text"/>	<input type="text"/>
HEP C (Anti-HCV)	<input type="text"/>	<input type="text"/>
HIV (Ag/Ab)	<input type="text"/>	<input type="text"/>

### PLEASE DETAIL BELOW ANY CONCERNS YOU MAY HAVE REGARDING THIS PERSON'S PARTICIPATION IN CONTACT SPORTS INCLUDING BOXING AND MIXED MARTIAL ARTS

Examining Doctor name

Competitor name

Examining Doctor signature

Date

*\*Indicate if notes attached*