

# Victorian Amateur Boxing League

## FITNESS & BLOOD TESTING

I certify that I have sighted the results of blood testing relating to *(name of contestant)* \_\_\_\_\_  
\_\_\_\_\_ of *(address of contestant)* \_\_\_\_\_.

The tests are dated: \_\_\_\_\_

They show that the contestant's blood is infectious to other people or could be expected to be infectious in the next twelve months with the following viruses:

HIV — \*YES / NO

Hepatitis B — \*YES / NO

Hepatitis C — \*YES / NO

The contestant is therefore 

FIT	UN-FIT
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 to compete in amateur contests.

\*Cross out whichever is inapplicable.

Medical Practitioner: \_\_\_\_\_

Medical Practitioner's Signature: \_\_\_\_\_

Qualification: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

### **CONSENT FOR RELEASE OF BLOOD TEST RESULTS**

I, (*insert name of professional contestant*) \_\_\_\_\_ of

*(address)* \_\_\_\_\_ hereby authorise the release of the results of the required test to the Victorian Amateur Martial Arts Association BOARD and its officers, for the purposes of protecting my health and safety and that of other participants.

Signature of Person Examined: \_\_\_\_\_ Date \_\_\_\_\_

### **CONFIRMATION OF IDENTITY**

I sighted a driver's licence or *(insert other)* \_\_\_\_\_ as photographic proof of identity of

*(insert name of the professional contestant)* \_\_\_\_\_ whose results are detailed above.

Signature of Medical Practitioner: \_\_\_\_\_

Date: \_\_\_\_\_