

















# Certificate of Fitness

(Contains information for Medical Practitioners in relation to the issuing of the approved form pursuant to 11(2)c of the Combat Sports Act 2013)

The purpose of a medical examination of persons wishing to register or maintain their registration as a combatant under the *Combat Sports Act 2013* is to minimise the risks of participation in combat sports.

It is a condition of each combatant's registration that they provide a Certificate of Fitness to the Authority each year.

It is appreciated that such examination will not prevent injuries arising during a contest from strikes to the body. The purpose of the examination is to detect those persons who are particularly at risk due to pre-existing disease or anatomical abnormalities. Combatants are also required to provide the Authority with a serological clearance certificate on a regular basis.

The *Combat Sports Act 2013* requires that combatants be examined by a medical practitioner before every contest, after every contest and at any time as directed by the Authority. These examinations are for the benefit and welfare of the combatants.

Generally, combatants should be in good general health. Excessive weight and wasting should be considered with caution, although this would not necessarily exclude participation.

The Medical Practitioner, in examining the patient, should look for abnormalities which:

decrease the ability of the person to defend themselves such as:

- Loss of sensation particularly sight, hearing.
- Slow, clumsy movements, e.g. cerebral palsy.
- Muscular and/or joint disease
- Lesions of balance/co-ordination.
- Easy fatigability, secondary to heart/renal disease.
- Respiratory disease, chronic or periodic, e.g. Asthma

#### increase the risk of injury such as:

- Bleeding tendency, e.g. Haemophilia
- Past history of multiple fractures.
- Increased size viscera, especially liver and spleen.
- Undescended testes.
- Loss/abnormality of paired organs.
- Poorly controlled diseases, e.g. Hypertension/diabetes.
- Disease with poor healing/potential joint instability, e.g. Collagen disease.
- Transient/prolonged neurological system/signs, including headache.
- Previous injury with incomplete recovery of function or complicating seguelae.

The Medical Practitioner should undertake any medical examinations and tests that they believe are necessary to give them confidence to issue the Certificate of Fitness.

The Combat Sports Authority does not require details of the examination undertaken or medical test results obtained and the confidentiality of this information should be maintained between the Medical Practitioner and combatant.

The Certificate of Fitness is all that is required to be provided to the Authority. If you do not consider this combatant fit compete in combat sports then you should not issue the Certificate of Fitness.



# **Certificate of Fitness**

Approved form issued pursuant to section 11(2)c of the Combat Sports Act 2013

Form must be completed by a registered medical practitioner

l,		[insert name]	
being	a registered medical practition	oner,	
Medio	cal Registration Number:	[insert number/stamp]	
of: _		[insert address]	
decla	re that:	[insert name of combatant])	
whom	n I identified from		
	Photo Driver's License No:		_
	or Photo in Medical Record Bo	ook of Combatant No:	_
	or Photo Passport No:	Country of issue:	
in my		ng the required medical assessments on, this combatant is <b>fit to compete in combat spo</b>	rts.
	[insert date of examination]		<u> </u>
Signa	ature:	Date:	

It is an offense under section 92(d) of the Act to provide any information or produce any document that a person knows is false or misleading in connection with a medical examination.



## Information for the Medical Practitioner - Serological Clearance for Combatants

(Contains information for Medical Practitioners and Pathology Service providers in relation to the issuing of the approved form pursuant to Section 7 of the *Combat Sports Act 2013*)

Combatants wishing to register with the Combat Sports Authority of NSW must provide a Serological Clearance.

A **serological clearance** is a certificate by registered medical practitioner or a person who provides a pathology service that:

- (a) the medical practitioner or person is of the opinion that a specified person is not suffering from any medical condition or disease specified by the regulations for the purposes of this section, and
- (b) the opinion is based on the results of blood tests or other tests carried out on a date specified in the certificate.

The medical conditions or diseases specified by the regulations are:

- HIV
- Hepatitis B
- Hepatitis C

In order to complete the Serology Certificate the Medical Practitioner or pathology service provider must order the following screening tests to be conducted:

- HIV combined antigen- antibody (HIV Ag/Ab),
- hepatitis B surface antigen (HBsAg), and
- hepatitis C antibody (HCV Ab)

In the event that any of the screening tests are positive, then the serology certificate should not be issued.

#### SEROLOGY CERTIFICATE

The certificate <u>must state the date of the test</u> and may only be completed if based on the results of the above tests and the issuer is of the opinion that the person is not suffering from any of the specified diseases.

The Combat Sports Authority does not require the results of the pathology tests. A Serological Clearance for completion is attached for your use.

### RENEWAL OF SEROLOGY CERTIFICATE

While an athlete is competing serology clearances must be obtained every 6 months for adults and every twelve months for children (people under the age of 18).

If you have any questions relating to the issuance of a serological clearance please contact the Combat Sports Authority of NSW on 13 13 02 during business hours.



# **Serological Clearance Certificate**

Issued pursuant to section 7 of the Combat Sports Act 2013

must be completed by a registered medical practitioner or a person that provides a pathology service

	[insert name]
peing a registered medical practi	itioner or person who provides a pathology service,
Medical Registration Number:	[insert number/stamp]
	[insert number/stamp]
of:	[insert address]
declare that:[ins	ert name of combatant]
whom I identified from	
Photo Driver's License	No:
or	
Photo in Medical Reco	rd Book of Combatant No:
or	
Photo Passport No:	Country of issue:
and based on the result of blood	tests or other tests carried out on
	[insert date of tests]
is in my opinion is not suffe	ering from any medical condition or disease specified by the
Combat Sports Regu	ulation 2014 and is clear to compete in combat sports.

It is an offense under section 92(d) of the Act to provide any information or produce any document that a person knows is false or misleading in connection with a serological clearance.