2024 Australian Kung Fu Wushu Championships

Certificate of Fitness (Sanda Full Contact)

CONTESTANT DETAILS

Contestant Name:				
Address:				
		State:	Postcode:	Phone:
DOB:	Age:	Sex: M / F	Height (cm):	Weight (kg):
Training:	Amateur (years):		Professional (years):	

MEDICAL PRACTITIONERS DECLARATION

Medical Practitioner's Name:			
Practice Address:			
Medical Registration Number:	State:	Postcode:	Phone:

I declare the contestant whom I identified from: (select one)

[ ] Photo Driver's License No: _____ Or

[ ] Photo Passport No: _____ Country of Issue: _____ Or

[ ] Other (please specify) _____

in my opinion, and after taking the required medical assessments, is physically **FIT** to compete in Combat Sports Contests

Comments (if applicable):

Medical Practitioner's Signature:	Date:

Medical Practitioner's Stamp (if applicable):

Serology Report (Sanda Full Contact)

****A copy of all three test results must accompany this form ****

CONTESTANT DETAILS

Contestant Name:				
Address:				
		State:	Postcode:	Phone:
DOB:	Age:	Sex: M / F	Height (cm):	Weight (kg):

MEDICAL PRACTITIONERS DECLARATION

Medical Practitioner's Name:					
Practice Address:					
Medical Registration Number:		State:	Postcode:	Phone:	
I certify i have sighted the results of blood testing of the Contestant			Date of Tests:		
Is there evidence that the Contestant's blood is infected with the following virus?					
HIV	YES / NO	**Hepatitis B**	YES / NO	**Hepatitis C**	YES / NO

I declare the contestant whom I identified from: (select one)

[ ] Photo Driver's License No: _____ Or

[ ] Photo Passport No: _____ Country of Issue: _____ Or

[ ] Other (please specify) _____

in my opinion, based on the above test results, is **NOT** capable of transmitting any of the above mentioned viruses.

Comments (if applicable):	
Medical Practitioner's Signature:	Date:
Medical Practitioner's Stamp (if applicable):	