Mixed Martial Arts Australasia Incorporated.
(ABN 80 134 549 184)
P O Box 160
Albion, Qld. 4110.
Em: info@mmaaustralasia.net.au

2027 COMPETITOR MEDICAL INSPECTION

Name: _____

Address: _____

_____

City: _____ State: _____ P/C: _____

Proof of ID: Drivers License / Passport Number: _____

Date of Birth: _____ / _____ / _____

MEASUREMENTS:

Height (cm): _____ Weight: _____ Reach: _____

Waist (cm) _____ Chest: _____ Chest exp: _____

BP: _____ Heart Rate Resting: _____

Have you previously or do you suffer from:			**Comments:**
1) Fainting	YES	No	
2) Epilepsy	YES	No	
3) Cardiac Disorder	YES	No	
4) Neurological Disorders	YES	No	
5) Severe Headache	YES	No	
6) Migraines	YES	No	
7) Renal or Bladder Disorder	YES	No	
8) Respiratory Issues	YES	No	
9) Mental Illness	YES	No	
10) Physical Disability	YES	No	

Have you been knocked unconscious or suffered concussion during training, competition or other in the last:

60 Days: YES No Details: _____

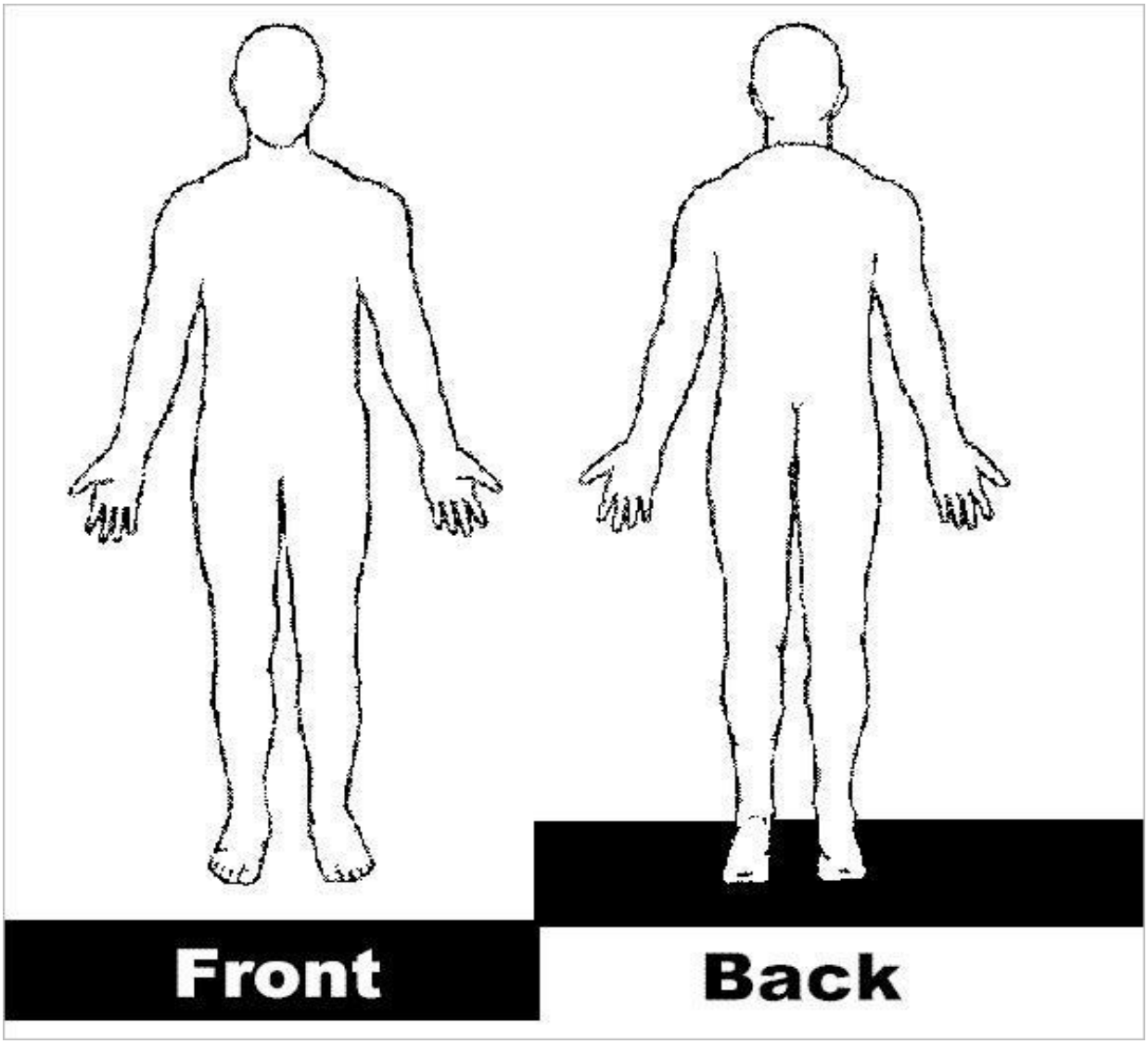
6 Months: YES No _____

12 Months: YES No _____

REACTION/RESPONSE:	**Good / Average / Poor**		
1) Head Movement	G / A / P	5) Visual Range	G / A / P
2) Shoulder Movement	G /A / P	6) Hearing	G / A / P
3) Hip Movement	G /A / P	7) Speech	G / A / P
4) Spine Movement	G / A / P	8) Attention	G / A / P

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Physical Appreance. Noteable Scars/Deformities:



I, _____ consider the above named person FIT / UNFIT for competition.

Medical Practitioner

_____ _____

Medical Practitioner Signature Date

Medical Practitioner Stamp/Contact Details