

Blood testing guide and form

Guide for medical practitioners completing a blood testing form

Serology

Up-to-date serology is required for all combat sports contestants prior to being able to compete in any event. In order for it to be considered up-to-date, the blood test must have been completed WITHIN the past SIX months (i.e. for a contest on April 30th the serology results can be NO OLDER than October 30th of the previous year).

Serology required is as follows:

- HIV serology
- Hepatitis B serology
- Hepatitis C serology

It is recommended that if this is the first serology that the contestant has completed with your clinic that you also complete a HbsAb level. If this returns a result that indicates that the contestant is **NOT IMMUNE** to Hepatitis B it is recommended that vaccination is offered to the patient. **THIS IS NOT COMPULSORY** and is **NOT** required for a contestant to be deemed fit to compete. Regardless of the HbsAb result, a repeat Hepatitis B serology **MUST** be completed whenever a new serology certificate is required.

The contestant may choose to have the vaccination commencing after their event as the administration of the vaccination may affect their training schedule in the lead up to their coming contest.

The contestant should return to your clinic for collection of the blood results and endorsement of their paperwork.

There is NO requirement for a copy of the serology to be forwarded to the Combat Sports Unit.

Blood testing form

Form 7 is used to declare whether a contestant is 'fit' or 'unfit', in the view of a medical practitioner, to compete in professional boxing or combat sports contests based on the results of their blood test ONLY.

Physical testing for fitness is conducted independently of blood testing and is recorded in Form 5 - Certificate of Fitness.

A contestant must be declared 'fit' to compete in both Form 5 and Form 7 to be permitted to compete in professional contests. Any finding by a medical practitioner that a contestant is 'unfit' means that the contestant shall not be permitted to compete in professional contests.

To be declared 'fit' in Form 7 (that is, based on the results of blood testing only), a contestant **must not, in the opinion of the medical practitioner, be capable of transmitting any of the following blood borne diseases to any other person:**

- (a) the HIV virus
- (b) the Hepatitis B virus; and/or
- (c) the Hepatitis C virus.

(collectively, 'the relevant viruses').

A contestant not capable of transmitting a relevant virus will be 'fit' to compete in professional contests for the purposes of Form 7.

A contestant who is capable of transmitting a relevant virus will be 'unfit' to compete in professional contests for the purposes of Form 7.

What happens when a relevant virus is detected?

Where a contestant's blood tests show that they carry one or more of the relevant viruses, a medical practitioner must form an opinion about whether a contestant is 'unfit' to compete in a professional contest generally (that is, whether they are capable of transmitting a relevant virus to any other person).

In reaching this conclusion, a medical practitioner MUST have regard to the following—

- (a) the type of blood test that the contestant has undergone;
- (b) whether the blood test shows the contestant has been exposed to a relevant virus; and
- (c) if the contestant has been exposed to a relevant virus, any treatment the contestant has received for the relevant virus.

If, in the medical practitioner's opinion, the contestant is capable of transmitting a relevant virus to any other person, the medical practitioner MUST declare the contestant UNFIT to compete.

Please turn over to complete the form or please contact the Combat Sports Unit on (03) 9623 1240 or (03) 9623 1183 if you require more information.

Guide for contestants completing form 7

Please ensure all fields are completed or the form will be rejected.

Please submit a scanned or photographed copy of this form by [emailing the Combat Sports Unit](mailto:combat.sports@sport.vic.gov.au) <combat.sports@sport.vic.gov.au>.

To receive this guide and form in an accessible format [email the Combat Sports Unit](mailto:combat.sports@sport.vic.gov.au) <combat.sports@sport.vic.gov.au>

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Blood testing form

Form 7 as per regulations 9(2)(b), 9(3) & 14, Professional *Boxing and Combat Sports Act 1985*

Please ensure all fields are completed or the form will be rejected.

Blood test results (to be completed by a MEDICAL PRACTITIONER)

I certify that I have sighted the results of blood testing relating to:

Contestant name	
Contestant date of birth	
Contestant address	
The tests are dated	

Is there evidence that the contestant's blood is infected with the following viruses ('relevant viruses')?

Please mark with an 'x'

HIV	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, see below.
Hepatitis B	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, see below.
Hepatitis C	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, see below.

If **YES** to any of the above, is it your opinion, having regard to the following:

- the type of blood test that the contestant has undergone;
- whether the blood test shows the contestant has been exposed to a relevant virus; and
- if the blood test shows that the contestant has been exposed to a relevant virus, any treatment the contestant has received for the relevant virus,

that the contestant is **capable of transmitting one or more of the viruses listed above to any other person?**

Please mark with an 'x' Yes No

Fitness to compete in professional contests

On the basis of the above, the contestant is: <please mark with an 'x'> **Fit** **Unfit**

Confirmation of contestant's identity

I confirm I have sighted photographic proof of the identity of the above-named contestant whose blood test results I have reviewed. Please indicate by marking with an 'x'.

Driver's licence	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Other <please describe>	<input type="checkbox"/>

Doctor's details

Medical practitioner's signature	
Name	
AHPRA registration number	
Address	
Telephone	

AFFIX STAMP

Consent for release of blood test results (to be completed by CONTESTANT)

I authorise the release of the results of the required test to the Professional Boxing and Combat Sports Board and its officers, for the purposes of protecting my health and safety, and that of other participants.

Signature of contestant	
Name of contestant	