

# Certificate of Fitness

OFFICIAL



## To compete in professional boxing and/or combat sports contests

Form 5 as per regulations 10, 13(2), *Professional Boxing and Combat Sports Act 1985*

To be completed by a **MEDICAL PRACTITIONER**

**NOTE:** This form must be received by the Combat Sports Unit **within 14 days** of being completed and signed. Certificates of fitness over 14 days old will **NOT** be accepted.

Contestant's full name: <sup>1</sup> \_\_\_\_\_

Date of Birth: <sup>2</sup> \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: <sup>3</sup> \_\_\_\_\_

Telephone: <sup>4</sup> \_\_\_\_\_ Mobile: <sup>5</sup> \_\_\_\_\_

Email: <sup>6</sup> \_\_\_\_\_

Knock out or concussion within the previous 12 months? <sup>7</sup> **YES / NO**

<sup>8</sup> If YES, list approximate dates for each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CERTIFICATION OF FITNESS

I, <sup>9</sup> \_\_\_\_\_ *name of medical practitioner* certify that the above-named contestant is

<sup>10</sup> **FIT / UNFIT** compete in professional contests (*circle as appropriate*).

### CONFIRMATION OF CONTESTANT'S IDENTITY:

I confirm I sighted a driver's licence or <sup>11</sup> \_\_\_\_\_ as photographic proof of the  
*insert other form of identification (e.g. passport)*

identity of <sup>12</sup> \_\_\_\_\_ whose fitness is certified above.  
*name of contestant*

<sup>13</sup> \_\_\_\_\_  
**Medical Practitioner's signature**

<sup>14</sup> Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<sup>15</sup> Name: \_\_\_\_\_

<sup>16</sup> AHPRA Reg No: \_\_\_\_\_

AFFIX STAMP

<sup>17</sup> Address: \_\_\_\_\_

<sup>18</sup> Telephone: \_\_\_\_\_

**PLEASE ENSURE ALL 18 FIELDS ARE COMPLETED OR THE FORM WILL BE REJECTED**