

APPLICATION FOR APPROVAL FOR A FEMALE TO COMPETE IN A PROFESSIONAL COMBAT SPORT CONTEST



BOXING CONTROL ACT 1993

ACTIVE CANBERRA
ABN: 72 397 293 490

Certificate of Fitness

The purpose of a medical examination for a combatant wishing to participate in a professional combat sport contest is to minimise the risks of participation in combat sports.

Such an 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 indications. A serological clearance certificate (signed by a medical practitioner) must also accompany the Certificate of Fitness.

The *Boxing Control Act 1993* requires that professional female combatants be examined by a medical practitioner not more than 14 days prior to lodging this application, certifying that, in the opinion of the medical practitioner, that the nominated combatant is medically fit to engage in the proposed contest.

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 indications which:

Decrease the ability of the person to defend themselves such as, but not limited to:

- Loss of sensation particularly sight, hearing
- Slow, clumsy movements
- 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 due to conditions such as, but not limited to:

- 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 sequelae
- Pregnancy or potential pregnancy

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.

Active Canberra 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 required to be supplied to Active Canberra at the time of lodgement of this application. If you do not consider this combatant fit to compete in the nominated contest then you should not issue the Certificate of Fitness.



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Certificate of Fitness

Form must be completed by a registered medical practitioner

I, _____
[insert name]

being a registered medical practitioner,

Medical Registration Number: _____
[insert number/stamp]

of: _____
[insert address]

declare that: _____
[insert name of combatant])

whom I identified from

<input type="checkbox"/>	Photo Driver's License No: _____
	or
<input type="checkbox"/>	Photo in Medical Record Book of Combatant No: _____
	or
<input type="checkbox"/>	Photo Passport No: _____ Country of issue: _____

in my opinion, and after undertaking the required medical assessments on

_____, this combatant is **fit to compete in combat sports.**
[insert date of examination]

Signature: _____ Date: _____

Information on this form is personal information and will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Freedom of Information Act 1989*. The ACT Government is not liable for any damages, injuries or personal misfortune resulting from publication or use of the above identified information.



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Information for the Medical Practitioner - Serological Clearance for Combatants

Female combatants wishing to compete in a professional combat sport contest must provide a Serological Clearance.

A ***Serological Clearance*** is a certificate by a registered medical practitioner that:

- (a) the medical practitioner is of the opinion that a specified person is not capable of transmitting a medical condition or disease of the following:
 - HIV
 - Hepatitis B
 - Hepatitis C; and
- (b) the opinion is based on the results of blood tests or other tests carried out on a date specified in the certificate.

In order to complete the Serology Certificate the Medical Practitioner 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).

SEROLOGY CERTIFICATE

The certificate must state the date of the test 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** capable of transmitting a medical condition or disease as specified above.

Active Canberra does not require the results of the pathology tests. A Serological Clearance Certificate for completion is attached for your use.

In the event that any of the screening tests are positive and the medical practitioner is of the opinion that the specified person is capable of transmitting the specified disease / medical condition then the serology certificate must not be issued.

If you have any questions relating to the issuance of a serological clearance please contact the Active Canberra on (02) 6207 2073 during business hours.

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Serological Clearance Certificate

This certificate must be completed by a registered medical practitioner

I, _____
[insert name of medical practitioner/ pathology service provider]

being a registered medical practitioner,

Medical Registration Number: _____
[insert number/stamp]

of: _____
[insert address]

declare that: _____
[insert name of combatant]

whom I identified from

- Photo Driver's License No: _____
- or
- Photo in Medical Record Book of Combatant No: _____
- or
- Photo Passport No: _____ Country of issue: _____
- Other (please specify) _____

and based on the result of blood tests or other tests carried out on _____

[insert date of tests]

is in my opinion not capable of transmitting a medical condition or disease specified on the preceding page (page 3) and is clear to compete in the proposed professional combat sports contests.

Signature: _____ Date: _____
[Signature of medical practitioner]

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