**ACTIVE CANBERRA**

**ABN: 72 397 293 490**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Surname) (Other Names)*

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Address)*

Phone: Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

being a female person hereby apply for approval to compete in a professional

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** contest at

 *(Combat Sport Discipline)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Venue)*

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Date)*

The contest is being organised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Person or organisation)*

I enclose a signed Certificate of Fitness and Serological Clearance from a medical practitioner, obtained not more than 14 days prior to lodging this application, certifying that, in the opinion of the medical practitioner, I am medically fit to engage in the proposed contest.

**IT IS AN OFFENCE UNDER THE *BOXING CONTROL ACT 1993* FOR A FEMALE TO ENGAGE IN A PROFESSIONAL COMBAT SPORT CONTEST WITHOUT THE WRITTEN APPROVAL OF THE MINISTER (OR DELEGATE). THE ACT ALSO PROVIDES THAT ALL CONTESTS MUST BE CONDUCTED ACCORDING TO THE ATTACHED "CODE OF PRACTICE FOR THE CONDUCT OF BOXING CONTESTS IN THE AUSTRALIAN CAPITAL TERRITORY".**

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FOR OFFICE USE ONLY

Application Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDED / NOT RECOMMENDED**  / /

Signature: ………………………………………………

Date: …………………………………

***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 a 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.

**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

[ ]  Photo Driver’s License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

[ ]  Photo in Medical Record Book of Combatant No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

[ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 registered medical practitioner that:

1. 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

1. 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 diseaseasspecified above.

Active Canberra does not require the results of the pathology tests. A Serological Clearance 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.

**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 4) and is clear to compete in the proposed professional combat sports contests.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **[Signature of medical practitioner]**

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