## Guide for medical practitioners – blood borne virus testing

Controlled Sports Act 2019 and Regulations 2019

If a Medical Practitioner identifies that a contestant has one or more risk factors for exposure to HIV, Hepatitis B or Hepatitis C they should complete this form.

The ACT's approach to blood borne virus testing as part of the Certificate of Fitness requirements has been considered with a human rights framework in mind, balanced with the risk of transmission of blood borne viruses like HIV, Hepatitis B or C.

The assessment of international contestants may include serology testing for applicants from high-risk countries for blood borne virus. It is at the medical practitioner's discretion to accept international serology results.

This form is used to declare whether a contestant is 'fit' or 'unfit', in the view of a medical practitioner, to compete in registrable controlled sport contests based on the results of their blood test ONLY.

Physical testing for fitness is conducted independently of blood testing and is recorded on the form *Certificate of Fitness*.

Any finding by a medical practitioner that a contestant is 'unfit' means that the contestant shall not be permitted to compete in registrable contests.

To be declared 'fit' in based on the results of blood testing only a <u>contestant must not, in the opinion of the medical practitioner, pose a risk of transmitting any of the following blood borne viruses to any other person:</u>

- HIV;
- Hepatitis B; and/or
- Hepatitis C.

(collectively, 'the relevant viruses').

A contestant not at risk of transmitting a relevant virus will be 'fit' to compete in registrable contests for the purposes of this form.

A contestant who is at risk of transmitting a relevant virus will be 'unfit' to compete in registrable contests for the purposes of this form

## What happens when a relevant virus is detected?

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

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

- whether further testing is required to confirm exposure to a blood borne virus, determine carrier versus cleared viral status (for hepatitis B and hepatitis C) or measure viral load;
- whether the patient is receiving appropriate treatment;
- whether the patient has a detectable viral load;
- the discipline/s of controlled sport the contestant plans to compete or participate in; and
- whether additional advice from a medical practitioner who specialises in the management of the relevant blood borne virus should be sought.

If the contestant poses a risk of transmitting a relevant virus to another person the medical practitioner must declare them UNFIT to compete.



## **Blood testing form**

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 address	
The tests are dated	
Is there evidence that the contestant has been exposed to HIV, hepatitis B or hepatitis C?	that the contestant poses a risk of transmitting one or more of the viruses listed t
No $\square$ Yes $\square$ If Yes, see below	any other person? No □ Yes □
<ul> <li>whether further testing is required to confirm exposure to a blood borne virus, determine carrier versus cleared viral status (for hepatitis B and hepatitis C) or measure</li> </ul>	Fitness to compete in registered contests:  On the basis of the above, the contestant is:  Fit  Unfit    Confirmation of contestant's identity
<ul><li>viral load;</li><li>whether the patient is receiving appropriate treatment;</li></ul>	I confirm I have sighted photographic proof of the identity of the above named contestant whose blood test results I have reviewed.
<ul> <li>whether the patient has a detectable viral load;</li> <li>the discipline/s of controlled sport the contestant plans to compete or participate in; and</li> </ul>	Other (please describe)
<ul> <li>whether additional advice from a medical practitioner who specialises in the</li> </ul>	
octor's details  Medical practitioner's signature	
Name AHPRA registration number Address Telephone	



**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 ACT Registrar for controlled sports for the purposes of protecting my health and safety, and that of other participants.

Signature of contestant	Date
Name of contestant	