

SCHEDULE 2
Examination Records

PART 1—MEDICAL HISTORY

BOXING AND MARTIAL ARTS ACT 2000
DIVISION 1—PERSONAL DETAILS AND COMPETITION HISTORY

(To be completed by contestant)

Name of contestant

Date of examination

Contestant's address and phone number

Date of birth

Sex

M / F

1 Previous competition history:

CURRENT RESULTS	WINS	LOSSES	DRAWS
Amateur			
Professional			

2 Have you suffered any injury while competing?

YES / NO

3 Have you had any headaches, vomiting or problems with speech or vision after a competition?

YES / NO

DIVISION 2—MEDICAL HISTORY

(To be completed by medical practitioner)

		YES	NO			YES	NO			YES	NO
4	Have you at present any a. illness b. disability			15	a. Coughing blood b. Coughing phlegm			27	a. Gall bladder trouble b. Gall stones		
5	Are you now receiving medicine, drugs or other treatment?			16	Tuberculosis			28	a. Vomiting blood b. Passing blood through bowels		
6	Has an accident or illness kept you off work for more than one week?			17	a. Asthma b. Other lung disease			29	a. Hepatitis or other jaundice b. Liver disease		
7	Do you a. drink alcohol b. smoke			18	a. Deafness b. Tinnitus (ringing of the ears)			30	a. Sugar diabetes b. Gout c. Cancer d. Tumour of any type		
8	Have you ever been a patient in any hospital a. medical b. other			19	a. Contact lenses or glasses b. Any visual problems			31	a. Rupture b. Hernia c. Swollen or painful testicles		
HAVE YOU EVER HAD OR ARE YOU NOW SUFFERING FROM ANY OF THE FOLLOWING:				20	a. Fainting attacks b. Blackouts			32	a. Any skin trouble b. Tendency to bruise or bleed easily		
9	a. Rheumatic fever b. Heart disease c. Chest pain			21	a. Fits or convulsions b. Epilepsy c. Giddiness			33	a. Concussion b. Severe head injury c. Loss of consciousness		
10	Palpitations or pounding heart (irregular pulse)			22	a. Severe headaches b. Migraines			34	a. Knee injury b. Ankle injury c. Back injury d. Other joint injury or dislocation		
11	High or low blood pressure			23	a. Nervous trouble b. Severe depression c. Mental illness d. Attempted suicide			35	a. Fractured bones b. Chipped bones		
12	Swollen or painful joints (other than through injury)			24	a. Kidney disease b. Bladder disease c. Pain on passing urine d. Blood in your urine			36	Paralysis (including polio)		
13	Shortness of breath			25	Frequent indigestion			37	Any other injury, illness or disability		
14	Pneumonia, bronchitis or pleurisy			26	a. Ulcer of stomach b. Ulcer of duodenum			38	Are you pregnant		

39 Medical Practitioner’s Notes on History (provide details of any "yes" answer to the above—including number of question)

40 Do you suffer from any infectious blood borne disease eg. HIV, Hep B, Hep C YES / NO

41 Over the past 5 years have you, either occasionally or regularly, taken any stimulants, sedatives, medications or drugs by mouth or by injection. YES / NO
 If yes, provide details and, if prescribed by a doctor, include the relevant particulars in question 42 below.

42 Over the past 5 years have you had any medical examination, advice, treatment or been in hospital? YES / NO
 If yes, provide particulars of each instance (including x-ray, electrocardiogram or other special tests) in the schedule below.

DATE	NAME AND ADDRESS OF DOCTOR AND/OR HOSPITAL	REASON (If illness or injury, give duration and date of recovery)

43 Details of identification presented (eg. driver’s licence)

CONTESTANT’S DECLARATION AND MEDICAL PRACTITIONER’S SIGNATURE

44 I declare that the information recorded above is true and complete to the best of my knowledge and belief.

(Signature of contestant) _____ (Date) _____

45 I have completed the above medical history and have witnessed the contestant’s signature.

(Signature of medical practitioner) _____ (Date) _____

46 I authorise (insert name of medical practitioner) to provide medical information to the Minister responsible for administering the *Boxing and Martial Arts Act 2000* and to obtain details of my medical records from previous medical attendants.

(Signature of contestant) _____
 (Name - please print) _____

**PART 2—RECORD OF EXAMINATION CONDUCTED BEFORE REGISTRATION
OR RENEWAL OF REGISTRATION**

BOXING AND MARTIAL ARTS ACT 2000

Name of contestant

Date of examination

Contestant's address and phone
number

Date of birth

Sex

M / F

Contestant registration no. (or details
of other form of identification
presented)

If not examined, insert NE in normal column

	PHYSICAL EXAMINATION	Abnormal	Normal			Abnormal	Normal
46	a. Head, face, scalp b. Neck R.O.M.			61	Endocrine system		
47	a. Nose deformity b. Nose airway			62	External genitalia		
48	a. Mouth, throat b. Speech			63	a. Feet b. Limbs R.O.M. c. Gait		
49	a. Teeth, gums b. Dentures YES / NO			64	a. Spine b. Trunk R.O.M. c. Posture (standing)		
50	Ears - general - hearing			65	Nervous system Cranial nerves		
51	Tympanic membranes			66	a. Cerebellum function b. Body balance/coordination		
52	Eustachian tubes			67	a. Muscle tone b. Muscle strength c. Sensation		
53	Eyes - general			68	Reflexes		
54	Visual fields Eye Gaze						
55	Eye movements			69	Skin		
56	Ophthalmoscopic examination			70	Lymphatic system Lymph glands in neck axillae or inguinal regions		
57	Chest, lungs			71	Other		
58	Heart (if ECG performed, note result in section 82 & enclose F MED 53)			72	Emotional stability		
59	Vascular system (include veins)						
60	Abdomen (include hernial orifices)			73	Identifying marks	Yes	No

