BC Athletic Commissioner
- PROFESSIONAL -

PROFESSIONAL CONTESTANT LICENCE APPLICATION
PHYSICAL EXAMINATION FORM
→ To be completed by a Licensed Physician ←

A. APPLICANT INFORMATION

Name:	Surname	First Name	Date of Birth (yyyy-mm-dd)

B. DIAGNOSTIC EVALUATION (**must** be completed by licensed Physician)

I hereby certify that I have examined _____ (print contestant's full legal name) on this date _____ (yyyy-mm-dd)

In addition I have examined the **attached** blood test results (as specified below) and certify that they show no indication that the applicant is infectious for any of the diseases noted below.

- HIV
- Acute Hepatitis B
- Chronic Hepatitis B (test panel should include HBsAg surface antigen test)
- Hepatitis C

Contestants over 35 years of age must also undergo a cardiac stress test and **a copy of the test results attached**

❑ Normal ❑ Abnormal

MUST CHECK ONE:

❑ This individual is **FIT** to compete in combat sports at this time.
❑ This individual is **NOT FIT** to compete in combat sports at this time.

Recommendations: _____

Name of Physician: _____

Name of Professional Governing Body: _____ Registration #: _____

Office Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Physician Signature: _____

For more information on examination requirements please visit: www.cscd.gov.bc.ca/bcathleticcommission

TEST RESULTS MUST BE ATTACHED TO THIS FORM