

CERTIFICATE OF FITNESS

Form 5 as per regulations 9 & 13(2), Professional Boxing and Combat Sports Act 1985



PROFESSIONAL BOXING
AND COMBAT SPORTS
BOARD OF VICTORIA

Name: _____

Email: _____

Telephone: _____ Mobile: _____

Postal Address: _____

Date of birth: _____

Previous competition history:

DECLARATION:

I _____ *name of medical practitioner* certify that _____ *name of the professional contestant*

is **FIT / UNFIT** to compete in professional contests.

Cross out whichever is inapplicable.

COMMENTS:

Please provide further information, as necessary, to support the declaration above.

CONFIRMATION OF IDENTITY:

I sighted a driver's licence or _____ *insert other form of identification* as photographic proof of identity of
_____ *name of the professional contestant* whose fitness is certified above.

MEDICAL PRACTITIONER'S SIGNATURE

Date: / /

Name of medical practitioner: _____

Qualification: _____

Address: _____

Telephone: _____