

MIXED MARTIAL ARTS AUSTRALASIA
Combat Sports Contestants & Participants

SEROLOGY REPORT

Medical Practitioners Report

I certify that;

Full name of Contestant/Participant: _____

Address: _____

Suburb: _____ State: _____ P/C: _____

Date of Birth: _____ Sex: **M / F**

Proof of ID: Drivers License/Passport Sighted YES NO

Attended for H.I.V., Hepatitis B Antigen and Hepatitis C on: ____/____/____

TEST RESULTS			
i.	HIV	NEGATIVE	OTHER
ii.	HEPATITIS B ANTIGEN	NEGATIVE or IMMUNE	OTHER
iii.	HEPATITIS C	NEGATIVE	OTHER

COMMENTS ON RESULTS NOT NEGATIVE OR IMMUNE

Medical Practitioners Signature: _____ DATE: ____/____/____

Name of Medical Practitioner (please print)	Telephone #
Address of Practice	