

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—include 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) |
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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 |

4.

| | | | | | |
|--|--|----|----------------------------------|------------|-----------|
| 74 | Frame Large Med Small | 75 | Height | cm | |
| | | | Weight | kg | |
| | | 76 | Waist (cm) | cm | |
| 77 | Urinalysis | 78 | Blood pressure | | |
| | Albumin Sugar | | Systolic | Diastolic | |
| 79 | Eyes Colour | 80 | Distant vision | | |
| | | | R6 | Corr 6 | |
| | | | L6 | to 6 | |
| 81 | Has a MRI Scan been conducted YES / NO Is the MRI satisfactory YES / NO Any further testing required YES / NO Please attach a copy of the radiologist report | | Near vision Normal / Abnormal | | |
| Medical practitioner's notes on physical examination (provide details of any abnormality noted and enter relevant number before each comment) | | | | | |
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| Any further testing required YES NO | | | | | |
| NEURO/PSYCHOLOGICAL EXAMINATION | | | | YES | NO |
| Is there any evidence of a change in character? | | | | | |
| Has he or she a good memory for recent events and, in particular, recent contests? | | | | | |
| Does he or she follow conversation with attention and intelligence? | | | | | |
| Is there any evidence of a tendency to violence outside the competitive arena? | | | | | |
| Practitioner's notes in relation to neuro/psychological examination (state whether any further assessment required) | | | | | |
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| PARTICULARS OF ANY DISABILITY | | | | | |
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