

MEDICAL AUTHORIZATION

With the present form, our Federation/Association declares that our licensed fighter

Mr./Mrs. – date of birth ____/____/____ license n.

is in good physical condition and has no injuries, infections or medical problems that could affect his ability to fight. He/she passed the medical examination before the fight scheduled on (date ___ / ___ / ____) against the fighter

Result of the last fight Date of the last fight ____/____/____

We confirm that he/she passed his/her **annual medical examinations** in date ____/____/____ according to the rules of our Federation. In particular, we confirm that he/she passed the following exams in the last year (and that **all resulted negative**):

1. EXAMINATION HISTORY – NEGATIVE
2. ELECTROENCEPHALOGRAM – NEGATIVE
3. REST AND STRESS ELECTROCARDIOGRAM – NEGATIVE
4. HEPATITIS B and C – NEGATIVE
5. HIV TEST – NEGATIVE
6. EYES EXAMINATION (with DILATED FUNDUS EXAM) – NEGATIVE
7. EAR, NOSE and THROAT EXAMINATION – NEGATIVE
8. URINE ANALYSIS – NEGATIVE
9. PELVIC and MAMMARY ULTRASOUND (only for women) – NEGATIVE

For women, a PREGNANCY TEST performed not older than 14 days before the match in a laboratory (not by means of urine stick or doctor's declaration) is mandatory.

VENUE AND DATE

Signature and stamp
of the President, General Secretary or Medical Officer
of the foreign Federation/Association
