



CERTIFICATE OF FITNESS AND BLOOD TESTING

CONTESTANT DETAILS

Contestant Name:					
Address:					
			State:	Postcode:	Phone:
DOB:	Age:	Sex: M / F	Height (cm):	Weight (kg):	
Training:	Amateur (years):		Professional (years):		

MEDICAL PRACTITIONER DECLARATION

Medical Practitioner Name:					
Practice Address:					
			State:	Postcode:	Phone:
I certify I have sighted the results of blood testing of the Contestant					YES / NO
Date of Tests:					
Is there evidence that the contestant's blood is infected with the following viruses?					
HIV	YES / NO	Hepatitis B	YES / NO	Hepatitis C	YES / NO
I declare the Contestant is physically FIT / UNFIT to compete in Combat Sport Contests					
Comments (if applicable):					
Medical Practitioner's Signature:				Date:	
Medical Practitioner's Stamp (if available):					



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