



## Annual Medical Examination form for USMTA competitors

Please book a medical examination with your doctor and bring this form, printed, with you to your appointment. For inquiries contact: [masterbob1956@aol.com](mailto:masterbob1956@aol.com)

Please return all pages of the completed form as a scanned PDF (along with a copy of your blood test results, with their interpretation is included) to: [Events weight in](#)

**Competitor Name:** \_\_\_\_\_

Medical ID Number (NHS/CHI Registration number): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Postal address: \_\_\_\_\_

**Name of Examining Doctor:** \_\_\_\_\_

Qualifications: \_\_\_\_\_

Doctor Registration Number: \_\_\_\_\_

Practice address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### PAST MEDICAL HISTORY

**Any hospital admission for medical or surgical reasons?**

Yes ☐

No ☐

Date	Summary	Current Status
General Notes		

**Allergies?**Yes ☐No ☐

Allergen	Reaction	Hospitalisation	Treatment
General Notes			

**Medications?**Yes ☐No ☐

Name	Dose/Frequency	Reason
General Notes		

**Has anyone in the family died below the age of 40 due to a heart condition?**Yes ☐No ☐

Relative	Summary of medical conditions	Age of Death
General Notes		

**Examination normal?**Yes ☐No ☐

Height (cm)	Weight (kg)	Heart Rate	Systolic BP	Diastolic BP

**Additional weight information as reported by fighter:**Yes ☐No ☐

Normal/Walk around weight (kg)	
Weight category for competition (kg/lbs)	

## EYES

**Pupil: reacting to light Right:**

Yes ☐

No ☐

Comments if  
No...

**Pupil: reacting to light Left:**

Yes ☐

No ☐

Comments if  
No...

**Fundi: Right normal?**

Yes ☐

No ☐

Comments if  
No...

**Fundi: Left normal?**

Yes ☐

No ☐

Comments if  
No...

**Visual acuity Right: \_\_\_\_ /6**

**Visual acuity Left: \_\_\_\_ /6**

## EARS/NOSE/THROAT

**Tympanic Membrane Right normal?**

Yes ☐

No ☐

Comments if  
No...

**Tympanic Membrane Left normal?**

Yes ☐

No ☐

Comments if  
No...

**Hearing: Right normal?**

Yes ☐

No ☐

Comments if  
No...

**Hearing: Left normal?**

Yes ☐

No ☐

Comments if  
No...

**Teeth: Note condition: Normal?**

Yes ☐

No ☐

Comments if  
No...

## NECK

**Movements full and pain free?**

Yes ☐

No ☐

Comments if  
No...

## CHEST

**Rib cage normal?**

Yes ☐

No ☐

Comments if  
No...

**Lungs normal?**

Yes ☐

No ☐

Comments if  
No...

**Heart Sound: Regular?**

Yes ☐

No ☐

Comments if  
No...

**Murmurs?**

Yes ☐

No ☐

Comments

**Apex: Mid clavicular line 5<sup>th</sup> intercostal space?**

Yes ☐

No ☐

Comments if  
No...

## ABDOMEN

**Scars?**

Yes ☐

No ☐

Comments  
If Yes

**Enlarged liver or spleen ?**

Yes ☐

No ☐

Comments  
If Yes

## BACK

**Is movement of the back normal?**

Yes ☐

No ☐

Comments  
If No

## LIMBS

**Are movements of the limbs normal?**

Yes ☐

No ☐

Comments  
If No

**Hands and wrists normal?**

Yes ☐

No ☐

Comments  
If No

## NERVOUS SYSTEM

Any tremor ?

Yes ☐

No ☐

Comments  
If Yes

Romberg test + ?

Yes ☐

No ☐

Comments  
If Yes

Coordination normal?

Yes ☐

No ☐

Comments  
If Yes

## BLOOD TEST RESULTS

\*tick here if NOT interpreting blood test results ☐

**NOTE TO DOCTOR: Please counsel all competitors prior to arranging phlebotomy.**

Interpretation must be accompanied by copies of laboratory results sent back with this form.

**HEPATITIS B**  
Neg. surface antigen  
(HBsAg) test required

To be valid, sample must be dated within the 6 months prior to competition

Date of sample:

Clear from infection?

Yes ☐

No ☐

**HEPATITIS C**

To be valid, sample must be dated within the 6 months prior to competition

Date of sample:

Clear from infection?

Yes ☐

No ☐

**HIV**  
Must inc. p24 antigen  
and HIV 1+2 antibodies

To be valid, sample must be dated within the 6 months prior to competition

Date of sample:

Clear from infection?

Yes ☐

No ☐

## CONCLUSION

**I confirm that there are no problems found as specified in this medical examination:**

Yes ☐

No ☐

Signed (Doctor):

Print name:

Date of examination: