



# SHURIKEN MIXED MARTIAL ARTS

www.shurikennz.co.nz

## Medical Clearance Form

Name: \_\_\_\_\_

Date of Birth: (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

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

Have you previously or do you currently suffer from:					
	YES	NO		YES	NO
Fainting			Severe head aches		
Deafness			Migraine head aches		
Concussion			Pneumonia, tuberculosis		
Paralysis			Joint injury/disability		
Sight problems			Renal or Bladder disease		
Rheumatic fever			Asthma		
Nervous disorder			Mental illness/ disability		
Diabetes			Heart disease/ condition		
Fractures or breaks			High/low blood pressure		
Epilepsy			Any other injury/disorder		

If YES to any of the above please explain:

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**Examination:**

Weight (kg)	
Height (cm)	
Pulse	
Blood Pressure	

<b>Examination: Mark 'N' for Normal, 'A' for Abnormal</b>											
Head			Eyes			Visual field			Upper extremities		
Face			Ears			Eye movement			Lower extremities		
Neck			Hearing			Tympanic membranes			Posture (standing)		
Scalp			Lungs			Eustachian tubes			Nervous system		
Nose			Heart			Vascular system			Lymphatic system		
Chest			Skin			Abdomen			Emotional stability		
Mouth			Feet			Endocrine system			Mental capacity		
Teeth			Spine			Gums			Gait		

**Examiners comments:**

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**Serology for HIV, Hep A, B & C**  
**(Doctor to tick which box applies)**

- Bloods taken on this day
- Serology results obtained less than six months ago (results available)

I, (doctor's name) \_\_\_\_\_  
have examined (participant's name) \_\_\_\_\_  
on this day and found them medically fit to participate in a Mixed Martial Arts contest to be held on  
the \_\_\_\_\_ of \_\_\_\_\_ at AUT University, North Shore:

**Doctors Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Signature of Examining Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release of Information**

I (participant's name) \_\_\_\_\_  
authorise the release of all information contained in this report to Shuriken MMA and its officials:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_