



MRI CERTIFICATE

The *Boxing and Martial Arts Act 2000* requires all persons registering or re-registering as a contestant in professional or public boxing and/or martial arts events to undergo an MRI scan of their head.

This certificate must be completed by a registered medical practitioner.

CONTESTANT DETAILS					
FULL LEGAL NAME:					
DATE OF BIRTH:					
SEX:	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>			
RESIDENTIAL ADDRESS:					
SUBURB:		STATE:		P/CODE:	
PHONE NUMBER:					
EMAIL ADDRESS:					

Details of identification presented	
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At registration and renewal of registration, a person must provide to the medical practitioner at examination the results of an MRI scan of his or her head performed within the three years immediately preceding the examination.

Date of MRI Scan sighted at examination: ____ / ____ / ____

MEDICAL PRACTITIONER DECLARATION

I confirm that the above person has undergone an MRI of their head on the date stated above.

I have reviewed the report and, in my opinion, the person is **FIT / UNFIT** to participate in boxing and martial arts events for which they are registered.

Signed: _____
Medical Practitioner

Print Name: _____
Medical Practitioner

Provider Number: _____

Date: ____ / ____ / ____

Medical Practitioner's Stamp
