



# SEROLOGY 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 or at time of competition to undergo serological testing.

**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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Persons registering as a contestant or seeking to participate as a contestant in a professional or public boxing or martial art event in South Australia are required to be examined by a medical practitioner.

The person must provide to the medical practitioner at examination the results of blood tests performed within the six months immediately preceding the examination. These test results must state whether or not the person has::

- Human Immunodeficiency Virus (HIV)
- Hepatitis B
- Hepatitis C

**Reports sighted at examination:**

Date of HIV test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date of Hepatitis B test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date of Hepatitis C test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MEDICAL PRACTITIONER DECLARATION**

I confirm that the above person has undertaken the serology tests on the dates stated above.

I have reviewed the reports 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:
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