

# SFM001 Medical Declaration and Waiver



Promoter Name:

Date:

Sanction

Fighters Name:

Sanction Rep:

Agreed Weight

Official Weigh In

Tolerance

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<b>Vision Checked</b>	Yes / No	Yes / No	Notes:
<b>Bloods</b> (circle one) 6 month exp 12 month exp	Sighted: Yes / No Sample Date:	<b>N/A</b>	Hep B: + / - Hep C: + / - HIV: + / -  <b>NO BLOODS NO FIGHT</b>
<b>Blood Pressure</b>	/	/	Notes:
<b>Heart rate</b>	- BPM	- BPM	Notes:
<b>SpO2 + RR</b>	RR %	RR %	Notes:
<b>Prev KO/Standowns</b>	Yes / No	<b>N/A</b>	Date of last KO/standowns: Any more than 1 KO in last 6 months: When:
<b>Allergies/ Medications</b>	Yes / No	<b>N/A</b>	Details:
<b>Existing Injuries/ conditions</b>	Yes / No	<b>N/A</b>	Details:
<b>Injuries sustained in Fight</b>	Previous fights Yes / No	Yes / No	Notes/ details of injuries:
<b>8 counts and concussion risk (ringside medic)</b>	Date of most recent:  Stood down: Yes/No	Yes / No  Total during fight:  Fight stopped: Yes / No  Stand down initiated: Yes/No	Round one: Yes / No Details: Round two: Yes / No Details: Round three: Yes / No Details: Round four: Yes / No Details: Round five: Yes / No Details:

**Post ring check:** Medic name:

Signature:

**Cleared post fight:** Medic name:

Signature:

Medical Recommendations	Signed
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