

Serology Report

Combat Sports Contestants & Participants

This document, when completed in its entirety, is an accepted Serology Report as required for registration with the Professional Combat Sports Commission of Western Australia.

Applicants may also wish to attach a copy of their actual pathology report to this document prior to submission.

Medical Practitioners Report

I certify that:

Full name of the Contestant/Participant _____

Address _____

Suburb _____ State _____ Post Code _____

Date of Birth _____ Sex _____

Attended for tests for H.I.V., Hepatitis B Antigen and Hepatitis C on: *(insert date)* _____

TEST RESULTS			
i.	HIV	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> OTHER
ii.	HEPATITIS B ANTIGEN	<input type="checkbox"/> NEGATIVE or IMMUNE	<input type="checkbox"/> OTHER
iii.	HEPATITIS C	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> OTHER

COMMENTS ON RESULTS NOT NEGATIVE OR IMMUNE

Medical Practitioners Signature _____ Date _____

Name of medical practitioner <i>(please print)</i>	Tel #
Address of practice	