

**SEROLOGY TESTING FOR AMATEUR MMA FIGHTERS  
MEDICAL PRACTITIONERS REPORT**

I certify that on \_\_\_\_\_  
(fighters name)

of \_\_\_\_\_ presented himself for,

(i) a HIV test, the results of this test indicates that the named person is classified HIV negative

(ii) a Hepatitis test, the result of this test indicates that the above named person is classified

Hepatitis "B" Antigen Negative or Immune Status

Hepatitis "C" Negative

Other Comments: \_\_\_\_\_

Medical Practitioner: \_\_\_\_\_  
(print name)

(print address) \_\_\_\_\_

(Telephone No: \_\_\_\_\_

Medical Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information**

I \_\_\_\_\_ hereby authorize the release of  
(Print name)

Information contained in this serology testing procedure to the Australian Grappling Committee and its officers.

Signature of Person Examined: \_\_\_\_\_ Date: \_\_\_\_\_

FILA License Number: \_\_\_\_\_  
(if appropriate)