



(To be completed by a **MEDICAL PRACTITIONER only**)

**Applicant's Full Legal Name:** \_\_\_\_\_

**Identity Confirmation:**

I confirm I have sighted the following photographic proof of identify for the above-named Applicant whose serology test results I have reviewed.

Driver licence                       Passport                       Other(list) \_\_\_\_\_

**Date of Applicant's Serology Test** (must be within 6 months):                      /                      /

**Mandatory Screening Tests Confirmation:**

I confirm that the Applicant has undertaken the following screening tests (these tests are a compulsory legal requirement under the *Combat Sports Act 1984*, do not progress clearance if you cannot confirm all three tests).

Hepatitis B Surface Antigen (HBsAG)  **YES**

Hepatitis C Antibody (HCV Ab)  **YES**

HIV Combined Antigen-Antibody (HIV Ag/Ab)  **YES**

**Serology Report:**

I confirm that I have sighted and reviewed the Applicant's serology results and, if required, any other serology results and in my opinion the Applicant DOES NOT pose a risk of transmitting any of the above blood borne viruses.

- YES – Serology Clearance Granted**
- NO – Serology Clearance NOT Granted**

**Name of Medical Practitioner:** \_\_\_\_\_

**Contact Email or Telephone:** \_\_\_\_\_

**Signature of Medical Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Practitioner Registration Number:** \_\_\_\_\_

Medical Practitioner's stamp:

Please email completed form to the Combat Sports Commission: [combatsport@dlgsc.wa.gov.au](mailto:combatsport@dlgsc.wa.gov.au) or for further information please call 6552 1604.

*It is an offence under section 53 of the Combat Sports Act 1987 to provide false or misleading information.*