

## MEDICALS CHECKLIST

- USMTA Annual Medical Exam completed, and form signed by MD or DO.
- Bloodwork completed and interpreted by MD or DO (*Hepatitis B & C, HIV*) – 16 years and older. Interpretations to be completed on Annual Medical form.
- USMTA Fighter Registration form completed.
- USMTA Waiver completed.



**Allergies?**Yes  No 

Allergen	Reaction	Hospitalisation	Treatment
General Notes			

**Medications?**Yes  No 

Name	Dose/Frequency	Reason
General Notes		

**Has anyone in the family died below the age of 40 due to a heart condition? Yes  No** 

Relative	Summary of medical conditions	Age of Death
General Notes		

**Examination normal?**Yes  No 

Height (cm)	Weight (kg)	Heart Rate	Systolic BP	Diastolic BP

**Additional weight information as reported by fighter:**Yes  No 

Normal/Walk around weight (kg)	
Weight category for competition (kg/lbs)	

## EYES

**Pupil: reacting to light Right:**

Yes  No

Comments if  
No...

**Pupil: reacting to light Left:**

Yes  No

Comments if  
No...

**Fundi: Right normal?**

Yes  No

Comments if  
No...

**Fundi: Left normal?**

Yes  No

Comments if  
No...

**Visual acuity Right: \_\_\_\_ /6**

**Visual acuity Left: \_\_\_\_ /6**

## EARS/NOSE/THROAT

**Tympanic Membrane Right normal?**

Yes  No

Comments if  
No...

**Tympanic Membrane Left normal?**

Yes  No

Comments if  
No...

**Hearing: Right normal?**

Yes  No

Comments if  
No...

**Hearing: Left normal?**

Yes  No

Comments if  
No...

**Teeth: Note condition: Normal?**

Yes  No

Comments if  
No...

## NECK

**Movements full and pain free?**

Yes  No

Comments if  
No...

## CHEST

**Rib cage normal?** Yes  No

Comments if  
No...

**Lungs normal?** Yes  No

Comments if  
No...

**Heart Sound: Regular?** Yes  No

Comments if  
No...

**Murmurs?** Yes  No

Comments

**Apex: Mid clavicular line 5<sup>th</sup> intercostal space?** Yes  No

Comments if  
No...

## ABDOMEN

**Scars?** Yes  No

Comments  
If Yes

**Enlarged liver or spleen ?** Yes  No

Comments  
If Yes

## BACK

**Is movement of the back normal?** Yes  No

Comments  
If No

## LIMBS

**Are movements of the limbs normal?** Yes  No

Comments  
If No

**Hands and wrists normal?** Yes  No

Comments  
If No

## NERVOUS SYSTEM

Any tremor ?

Yes  No

Comments  
If Yes

Romberg test + ?

Yes  No

Comments  
If Yes

Coordination normal?

Yes  No

Comments  
If Yes

## BLOOD TEST RESULTS

\*tick here if NOT interpreting blood test results

**NOTE TO DOCTOR: Please counsel all competitors prior to arranging phlebotomy.**

Interpretation must be accompanied by copies of laboratory results sent back with this form.

<b>HEPATITIS B</b> Neg. surface antigen (HBsAg) test required	To be valid, sample must be dated within the 6 months prior to competition	
Date of sample:		<b>Clear from infection?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>HEPATITIS C</b>	To be valid, sample must be dated within the 6 months prior to competition	
Date of sample:		<b>Clear from infection?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>HIV</b> Must inc. p24 antigen and HIV 1+2 antibodies	To be valid, sample must be dated within the 6 months prior to competition	
Date of sample:		<b>Clear from infection?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

## CONCLUSION

I confirm that there are no problems found as specified in this medical examination:

Yes  No

Signed (Doctor): \_\_\_\_\_

Print name: \_\_\_\_\_

Date of examination: \_\_\_\_\_



# UNITED STATES MUAY THAI ASSOCIATION

The Official Governing Body for American Muay Thai  
Registered With the WMTC, IMTF, Thailand, EMTU -IMBF Italy

## FIGHTER REGISTRATION FORM

Male or Female      D.O.B [ / / ]      Hight [   ]      Weight [   lb ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Name Of Gym \_\_\_\_\_

Address OF Gym \_\_\_\_\_

Name of Coach \_\_\_\_\_

Coaches Phone \_\_\_\_\_

### Competitive History

Please fill out all questions to the best of your abilities. False information will lead to disqualification and or suspension of fighters, coaches, and gyms.

#### DIVISION OR LEAGUE

, please check of which applies.

Junior Division [ ] Adult Division [ ] Senior Division 40 or over [ ] Amateur League [ ] Professional League [ ]

### Combat Sports History

Your Record to Date win \_\_\_\_\_ loss \_\_\_\_\_ Draw \_\_\_\_\_

Total Number of Fights to date \_\_\_\_\_

Date of your last fight \_\_\_\_\_ win \_\_\_\_\_ loss \_\_\_\_\_ Draw \_\_\_\_\_

Name of Last event \_\_\_\_\_

Muay Thai win \_\_\_\_\_ loss \_\_\_\_\_

Kickboxing win \_\_\_\_\_ loss \_\_\_\_\_

Boxing win \_\_\_\_\_ loss \_\_\_\_\_

PKB win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

PMT win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

YDL win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

MTDL win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

MMA win \_\_\_\_\_ loss \_\_\_\_\_

San Shou win \_\_\_\_\_ loss \_\_\_\_\_

Savate win \_\_\_\_\_ loss \_\_\_\_\_

Smokers win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

Other win \_\_\_\_\_ loss \_\_\_\_\_

