**Blood testing guide and form**

***Professional Boxing and Combat Sports Regulations 2018***

***Form 7, Regulations 9(2)(b), 9(3) & 14(4)***

**Guide for medical practitioners completing a blood testing form**

**Serology**

Up-to-date serology is required for all boxing and combat sports contestants prior to being able to compete in professional contests. To be considered up-to-date, the blood test must have been completed WITHIN the past SIX months (i.e. for a contest on April 30th the serology results can be NO OLDER than October 30th of the previous year).

Serology required is as follows:

1. HIV serology;
2. Hepatitis B serology; and
3. Hepatitis C serology;

If this is the first serology that the contestant has completed with a clinic it is recommended that the contestant also complete a HbsAb level. If this returns a result that indicates that the contestant is **NOT IMMUNE** to Hepatitis B it is recommended that vaccination is offered to the contestant. **THIS IS NOT COMPULSORY** and is **NOT** required for a contestant to be deemed fit to compete. Regardless of the HbsAb result, a repeat Hepatitis B serology **MUST** be completed whenever a new serology certificate is required.

The contestant may choose to have the vaccination commencing after their event as the administration of the vaccination may affect their training schedule in the lead up to their event.

The contestant should return to their clinic for collection of the blood results and endorsement of their paperwork.

There is NO requirement for a copy of the serology to be forwarded to the Combat Sports Unit.

**Blood testing form**

Form 7 is used by a medical practitioner to certify and declare whether a contestant is ‘fit’ or ‘unfit’ to compete in professional contests based on the results of their blood test ONLY.

Physical testing for fitness is conducted independently of blood testing and is recorded in Form 5 - Certificate of Fitness.

A contestant must be certified ‘fit’ to compete in both Form 5 and Form 7 to be permitted to compete in professional contests. A finding by a medical practitioner that a contestant is ‘unfit’ means that the contestant will not be permitted to compete in professional contests.

**What happens when a relevant virus is detected?**

Where a contestant’s blood test shows that they carry one or more of the following blood borne diseases:

1. the HIV virus;
2. the Hepatitis B virus; and/or
3. the Hepatitis C virus

(collectively, ‘the relevant viruses’), a medical practitioner must form an opinion about whether the contestant is ‘unfit’ to compete in a professional contest generally (that is, whether they are capable of transmitting a relevant virus to any other person).

In forming this opinion, a medical practitioner must have regard to the following:

1. the type of blood test that the contestant has undergone;
2. whether the blood test shows the contestant has been exposed to a relevant virus; and
3. if the blood test shows that the contestant has been exposed to a relevant virus, any treatment the contestant has received for the relevant virus.

**If, in the medical practitioner’s opinion, the contestant is capable of transmitting a relevant virus to any other person, the medical practitioner MUST certify and declare the contestant ‘unfit’ to compete in professional contests for the purposes of Form 7.**

**To be certified and declared ‘fit’ in Form 7, a contestant MUST NOT, in the opinion of the medical practitioner, be capable of transmitting a relevant virus to any other person**.

Please turn over to complete the Form or please contact the Combat Sports Unit on (03) 9623 1183 or combat.sports@sport.vic.gov.au if you require more information.

**Blood testing**

***Professional Boxing and Combat Sports Regulations 2018***

***Form 7 as per Regulations 9(2)(b), 9(3) & 14(4)***

**PLEASE FILL OUT ALL 16 FIELDS OR THE FORM WILL NOT BE APPROVED**

**NOTE: THIS PART OF THE FORM MUST BE COMPLETED BY A MEDICAL PRACTITIONER:**

I certify that I have sighted the results of blood testing of:

**1.** Contestant’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Contestant’s date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

**3.** Contestant’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** Date/s of blood tests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Is there evidence that the contestant’s blood is infected with the following relevant viruses:

HIV NO YES If yes, please answer Question 6 below.

Hepatitis B NO YES If yes, please answer Question 6 below.

Hepatitis C NO YES If yes, please answer Question 6 below.

**6.** If the answer is YES to any of the above, please consider the following factors:

1. the specific type of blood test that the contestant has undergone;
2. whether the blood test shows that the contestant has been exposed to HIV, Hepatitis B or Hepatitis C; and
3. if the blood test shows that the professional contestant has been exposed to HIV, Hepatitis B or Hepatitis C, any treatment the professional contestant has received for that virus or those viruses.

Based on factors (a) – (c) above, in your professional opinion, is the contestant capable of transmitting HIV, Hepatitis B or Hepatitis C to any other person?

YES NO

**7.** Based on the factors above and in order to compete in professional contests, I consider the above-named contestant to be:

FIT UNFIT

**8.** I have sighted a driver's licence or other government-issued photo ID for the above-named contestant whose blood test results I have reviewed:

YES NO

**Medical Practitioner’s Details:**

**9.** Name of medical practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10.** AHPRA Reg No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11.** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12.** Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13.** Medical practitioner’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **14.** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

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*Form continues over page for contestant to sign*

**Blood testing**

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***Form 7 as per Regulations 9(2)(b), 9(3) & 14(4)***

**NOTE: THIS PART OF THE FORM MUST BE COMPLETED BY THE CONTESTANT:**

**Contestant consent to the release of blood test results**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of contestant*) authorise the release of the results of the required test to the Professional Boxing and Combat Sports Board and its officers, for the purposes of protecting my health and safety, and that of other participants.

**15.** Contestant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **16.** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_