



### **Fighter Pre Bout Sanctioning Medical Form**

This form should be given to all fighters by event/bout promoters or managers No less than 4 weeks prior to the fight/bout taking place, and, completed and submitted as required by BLC rules.

One form should be used per fighter, for one bout/promotion, on the date of the bout/promotion stated below.

You (the fighter) should take this form to a registered medical Doctor for completion. You (the fighter) may choose to complete this form yourself, but in doing so must answer all questions accurately and truthfully.

In completing this form (Self-Certifying) without consultation with a registered medical Doctor, you (the fighter) are accepting the risk of potentially enhancing any non-disclosed, or, unknown injury, or, health issue, that may otherwise have been acknowledged, or discovered by a qualified medical Doctor.

Only one Self-certification medical form will be accepted by the BLC. All future bout applications will require production of proof of an annual fighter health & medical suitability check that has been carried out by a registered medical Doctor, in addition to completing this form. All fighters will also undergo pre-fight medicals at the venue, and, receive post bout medicals with after care advice, as stated in the BLC General Rules

Once this form has been completed, it should be returned to the promoter/manager as soon as possible. They will then submit the completed form(s) to the BLC.

All forms should be submitted within the required time frames as stipulated in the BLC rules. Failure to meet these timelines may cause delay, and or, refusal of sanctioning.

**Fighters Full Name (as per birth certificate):**

**Event Name:**

**Event Date:**

**Promoter/Managers Details:**

**BLC Weight Division:**

This document is an official document of the BLC, and, is part of the associations formal rule set and event & promotion policy.



**To be completed by the registered medical Doctor**

Doctor, please complete this form.

Please perform a full medical/health and suitability check of the named person above, in preparation for their forthcoming fight/bout, on the promotion/event named above.

The fight/bout that the named person will take part in will require them to receive full contact blows to all parts of their body, from their opponent's head; elbows; fists; knees; shins; and, feet. Throwing opponents to the floor will also be allowed, which means they will suffer high impact on landing to potentially all parts of their body.

If this is a Traditional or Global Modern rules bout, then the named person above, and their opponent will not be wearing any protection, other than: hand wraps/gauze with securing tape; groin guard; shorts; and, ankle supports where required. Female fighters are required to wear chest protectors.

Please answer the following questions to the best of your knowledge, and taking into consideration the type of event that the person under review is intending to compete in:

1. Is the person under review who they say they are?
2. Is the person under review, believed to be of good and sound health?
3. With regards to the person under review, is there any registered, or not, medical history that you are aware of that should prevent them from competing in the intended bout, or present a risk to them or their opponent?
4. Is there any medical history, or current symptoms that you are aware of, either previously, or alerted to as part of this review, that may become worst, in the pre-fight training programme, during the bout, or, following the bout?
5. Do you as the medical professional have any concerns about the person under review competing in the intended bout, based on their previous, or, current medical records, or, current symptoms/conditions?
6. As part of this review have you completed a general health check, on areas which included, but not limited to: eye-sight, hearing, balance, cognitive response, breathing, heart rate/condition, motor skills, and general physicality?
7. If concerns are raised, then please state below. Please do not release any medical details on this form. E.g. I have a concern based on historical records, or a current condition, that the person under review may be vulnerable to serious concussion, or head trauma, etc?

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Please write any concerns, or further information below:

I (the Doctor) have carried out a full health & suitability review of the person named above.

I (the Doctor) therefore recommend that this person is SUITABLE / NOT SUITABLE to take part in the bout.

Registered Reviewing Doctors Name: \_\_\_\_\_

Reviewing Doctors Contact Details: \_\_\_\_\_

Reviewing Doctors Address: \_\_\_\_\_

Date of Review: \_\_\_\_ of \_\_\_\_ 2019 Reviewing Doctors Signature: \_\_\_\_\_

**To be completed by the Fighter if they are not engaging with a registered medical Doctor, and have chosen to self-certify their past and current health & suitability (Do not leave any answer blank):**

1. Are you the person named on this form currently of good and sound health?
2. Do you have any medical history that you are aware of that may stop you from competing in the intended bout?
3. Do you have any medical history, or concerns, that you are aware of that may become worst, during, or, following the bout, or, at any time in the future due to the level of physical exertion or contact that you may receive in preparation for, or during the bout?
4. Do you, or have you, ever used recreational drugs, or anabolic steroids?

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5. Do you suffer with any health issues, or, are currently experiencing any symptoms that could affect you now, and at any point in the future. Symptoms such as brain disorders, disease, memory issues, headaches.
6. Do you have any registered blood or immune system related issues, or, suspect that you may have, or have had in the past at any time, any blood or immune system related issues or problems.
7. Is your Eyesight of a good condition, do you require the use of glasses, or, contact lenses?
8. Have you ever suffered with long term, or, short term/temporary, loss of vision?
9. Have you ever had to undergo CAT/MRI Scanning medical investigations?
10. (Females) Have you recently had, or been, aware of any birth related conditions or complications? Or, in the last 12 months been diagnosed as being, or suspect that you are pregnant?
11. Do you suffer from any hearing problems?
12. Do you suffer with any balance issues, any problems standing up?
13. Do you suffer with light headedness or dizziness when standing up?
14. Do you require the use of any breathing aids, such as inhalers?
15. Have you ever suffered with the loss of, or shortness of breath when exercising?
16. Do you require the use of any other prescription medication?
17. Are you recovering from, or have, at any time recovered from any life threatening illnesses?
18. Are you due to undergo any minor or major medical/psychological treatment, now, or in the next 12 months?
19. Are there any other medical, or, health issues that you know of, if so please explain?
20. Have you ever had any treatment for bone weaknesses, or breaks, or fractures to the skull?

Please now go to the final section of this questionnaire on page 5.

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Please state here if you have any concerns about your health, historically, now, or potentially post fight/bout. Do not provide medical details, just a brief description of the concern:

I (the fighter named below) confirm that I have completed this form to the best of my knowledge, and that I have answered all questions truthfully based on my past, current, and potentially future medical health.

**Fighters Name:**

**Date:**

**Signature:**

Please forward this completed form to your Manager/Promoter, or, direct to the BLC to one of the following addresses:

[bhc@britishlethwei.co.uk](mailto:bhc@britishlethwei.co.uk)

**BLC Lethwei LTD**  
**71-75 Shelton Street**  
**Covent Garden**  
**London**  
**England**  
**United Kingdom**  
**WC2H 9JQ**

**To be completed by the BLC sanctioning official:**

I (the BLC Official named below) have reviewed this form, and I can confirm that it has been accurately completed without requiring any further questions or queries. Therefore, the fighter is cleared for licensing.

I (the BLC Official named below) have reviewed this form, and, can confirm that further details are required before the named person (the fighter) can be authorised to take part in the fight/bout.

**BLC Official/Registrar Name:**

**Date:**

**Signature:**

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