



Professional Fighter Annual Medical Form

This form should be completed by a registered medical Doctor with the fighter/applicant at the point of applying for their annual professional Licence.

This form should be submitted with the other forms required as part of the licence application process, to one of the addresses provided below.

You (the fighter/applicant) should take this form to a registered medical Doctor for completion.

Completion of this form is a necessary part of the licence application process. If the Doctor does not have access to the fighters/applicant's medical history, then the form should not be completed until this information is available to be used as part of this review.

In addition to completing this form, all fighters/applicant's will also still be required to complete pre and post bout medical forms with a medic, as required by BLC rules, on the day of a bout, and, further full safety medicals if requested by the BLC at any time.

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

Fighters Full Name (as per birth certificate):

Fighters Date of Birth:

Fighters Emergency Contact / Next of Kin Name(s):

Fighters Emergency Contact / Next of Kin Phone / Mobile:

To be completed by the registered medical Doctor

Doctor, please complete this form.

The named person above (Fighter) is in the process of applying for a Professional Fighters Licence with the BLC. Part of the criteria for successful issuing of the licence depends on them correctly completing this form and submitting it as required. Please perform a full medical/health and suitability check of the named person above, completing the form as you go.

Successful application will allow the applicant 'fighter' to take part in professional full contact Lethwei 'Burmese Bare Knuckle Boxing' fights. Taking part in Lethwei fights will require fighters to

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potentially 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. Therefore, it is imperative that you answer the questions, truthfully, and in the interests of their future safety at all times:

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 Lethwei, or, may 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 worse, either as part of training programmes, during a bout/fight, or, potentially through long term stress, i.e. over time?
 5. As part of this review will you complete a general health check, on areas which include, but not limited to: eye-sight, hearing, balance, cognitive response, breathing, heart rate, motor skills, joint manoeuvrability, and general physicality?
 6. If concerns are raised, then please state what they are on the blank page 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, due to.... etc?
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1. Does the applicant use, or ever used recreational drugs, or, anabolic steroids?
 2. Does the applicant suffer with any health issues, or, is currently experiencing any symptoms that could affect them now, or at any point in the future. Symptoms such as, but not limited to: brain disorders, disease, memory issues, headaches, heart issues, weak bones, blood disorders, etc.
 3. Does the applicant have any registered blood or immune system related issues, or, do you suspect that they may have, or, have had in the past at any time, any blood or immune system related issues or problems.
 4. Is the applicant's eyesight of a good condition, do they require the use of glasses, or, contact lenses?
 5. Has the applicant ever undergone laser eye corrective surgery, or, lens replacement, or, any other eyesight corrective treatment.

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6. Has the applicant ever suffered with long term, or, short term/temporary, loss of vision?
7. Are there any concerns based on current symptoms, or historic records, in relation to the applicant's eye-sight, that due to receiving full contact blows to the head, may affect the applicants long term eyesight.
8. Has the applicant ever had to undergo a CAT/MRI Scan/medical investigation. If Yes, what was this for?
9. (Females) Has the applicant 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 they are pregnant?
10. (Females) Has the applicant ever received, or, is undergoing now or in the future, treatment for issues relating to the breast area. Include Breast replacement / Implants.
11. Does the applicant suffer from any hearing problems, or require the use of hearing aids?
12. Does the applicant suffer with any balance issues, or, any problems standing up correctly due to balance?
13. Does the applicant suffer with light headidness or dizziness when standing up?
14. Does the applicant require the use of any breathing aids, such as inhalers?
15. Has the applicant ever suffered with the loss of, or, shortness of breath when exercising?
16. Does the applicant require the use of any prescription medication?
17. Is the applicant recovering from, or have, at any time recovered from any life threatening illnesses?
18. Has the applicant ever, or, is the applicant due to undergo any minor, or, major medical/psychological treatment in the future?
19. Has the applicant ever, or, Is the applicant due to undergo any minor, or, major medical treatment in the next 12 months?
20. Has the applicant ever had, any treatment for bone weaknesses, or breaks, or fractures to the neck, back, or skull?

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Please use this space to clearly explain if you have any concerns about the applicant's health, historically, now, or potentially in the future based on their current or previous health. Do not provide medical details, just a brief description of the concern:

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