



AUSTRALIAN NATIONAL BOXING FEDERATION QLD INC SEROLOGY TESTING FOR PROFESSIONAL BOXERS MEDICAL PRACTITIONER'S REPORT

I certify that on _____
Date _____ Boxers name _____

Of _____

Whom I identified from:
Photo Driver's Licence Number _____

Photo Medical Record Book of Boxer Number _____

Other Identification (please state) _____

Presented themselves for:

1. A HIV test, the result of this test indicates that the above-named person is classified HIV Negative

2. A Hepatitis test, the result of this test indicates that the above-named person is classified:

Hepatitis "B" Antigen Negative or Immune Status

Hepatitis "C Negative

Note: this test is only valid for six months – boxer must be tested every six months and results sent to ANBF Medical Registrar

Other comments _____

Medical Practitioner Name (please print) _____

Address _____

Telephone Number(s) _____

Medical Practitioner's Signature _____ Date _____

RELEASE OF INFORMATION

I _____
Print name

hereby authorise the release of the information contained in this test to the Australian National Boxing Federation QLD INC and its officers.

Signature of person examined _____ Date _____

Complete form and return to the ANBF Medical Registrar, Mr John Hogg, PO Box 873, Coorparoo, 4151
Telephone: (07) 3397 8754 Email: johnhogg6@bigpond.com