Régie des alcools, des courses et des jeux
Québec

Medical Examination

Schedule 1-A

☐ Boxing ☐ Kick boxing ☐ Mixed boxing

☐ Medical examination required to obtain a contestant's licence **(complete sections 1, 2, 3, 4 and 5)**

☐ Medical examination required when a Québec contestant wishes to participate in a combat sports event **(complete sections 1, 3 and 5)**

1 Information about the Applicant

Last name: _____ First name: _____

Pseudonym (if any): _____

Address, street: _____ Apartment : _____

City: _____ Prov., state, country: _____ Postal code _____

Date of birth _____ (Year) _____ (Month) _____ (Day) Weight: _____ kg (lb)

2 Medical and Family history

Indicate any contraindications to fighting: _____

_____

3 Medical Examination

3.1	Hearing	Is there perforation of the tympanum?	☐ Yes ☐ No
		Is there hypacusis?	☐ Yes ☐ No
		Is there chronic otitis?	☐ Yes ☐ No
3.2	Vision	Is there isocoria?	☐ Yes ☐ No
		Is the light reflex normal? Left ☐ Yes ☐ No Right	☐ Yes ☐ No
		Is the funduscopic examination normal? Left ☐ Yes ☐ No Right	☐ Yes ☐ No
		Vision: Left _____ /20 Right	_____ /20
3.3	Mouth	Is there any disease of the mouth or throat?	☐ Yes ☐ No
3.4	Neck (glands)	Is there any enlargement of the thyroid or lymph glands?	☐ Yes ☐ No
3.5	Respiratory system	Is there any evidence of acute respiratory disease?	☐ Yes ☐ No
		Is there any evidence of chronic respiratory disease?	☐ Yes ☐ No
3.6	Blood pressure	Systolic / Diastolic / At disappearance of sound	
		1st reading _____ _____ _____	
		2nd reading _____ _____ _____	
3.7	Heart	Pulse measured by cardiac auscultation for one minute: _____	
		Is there any irregularity in the heart beat?	☐ Yes ☐ No
		Is there any evidence of disease of the heart or blood vessels?	☐ Yes ☐ No
3.8	Abdomen	Does examination reveal any abnormality (hepatomegaly, splenomegaly)?	☐ Yes ☐ No
		If so, specify: _____	
3.9	Hernia	Is there any hernia?	☐ Yes ☐ No
3.10	Nervous system	Is there any evidence of impairment of the nervous system?	☐ Yes ☐ No

Please complete the form and send it by e-mail at sports.combat@racj.gouv.qc.ca.

Régie des alcools, des courses et des jeux
Telephone: 418 643-7667 (Québec), 514 873-3577 (Montréal) or 1 800 363-0320 (elsewhere in Québec)
Internet: www.racj.gouv.qc.ca

3 Medical Examination (con't)

3.11	Hands	Is there any evidence of swelling or injury?	☐ Yes ☐ No
3.12	Alcohol	Is there any evidence of the use of alcoholic beverages?	☐ Yes ☐ No
	Drugs	Is there any evidence of the use of stimulants?	☐ Yes ☐ No
	Tobacco	Is tobacco used?	☐ Yes ☐ No
3.13	General condition	Is there any evidence of a pathological conditions not specifically described and for which an additional examination would be required?	☐ Yes ☐ No
3.14	Thorax	Is there a fracture of the ribs?	☐ Yes ☐ No
3.15	Facial bones Nose Maxilla	Has there been a recent fracture or sprain?	☐ Yes ☐ No
3.16	Feet (for kick boxers)	Has there been a recent fracture or sprain?	☐ Yes ☐ No
3.17	Breasts (for female contestants)	Does the examination reveal any abnormality? Is a breast prosthesis used?	☐ Yes ☐ No ☐ Yes ☐ No
3.18	Eyes	Examination by an ophtalmologist if the contestant is 40 years of age or older	☐ Normal ☐ Abnormal

4 Laboratory tests

4.1	EEG	☐ Normal ☐ Abnormal *Attach a copy of the reports*
4.2	ECG at effort	If the contestant is 40 years of age or older or if he has had a physical examination which suggests cardiac problems ☐ Normal ☐ Abnormal *Attach a copy of the reports*
4.3	Pregnancy	Pregnancy blood test 7 days before the event ☐ Positive ☐ Negative A female contestant who is pregnant shall not be declared fit to fight.
4.4	Hemogram	☐ Hepatitis B (HBs Ag) ☐ Hepatitis C ☐ VIH ☐ Negative *Attach a copy of the reports*

5 Others remarks (if applicable)

This document must be stamped by a doctor or a clinic for proper identification.

6 Examining Physician

I hereby certify that I have examined the above-named applicant and that, as a result of the examination,

I consider him to be: ☐ Fit to fight ☐ Unfit to fight.

And I have signed. _____ Signature

Date ____ Year ____ Month ____ Day