



New Hampshire Boxing & Wrestling Commission

MEDICAL CLEARANCE CHECKLIST FOR MIXED MARTIAL ARTS (MMA) COMPETITORS

Please Complete Grey Area Only:

Check One:

Professional Fighter

Amateur Fighter

Please Print Clearly:

Fighters Name: _____ Date Of Birth: ___/___/___

Address: _____ Town: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ Email: _____ @ _____

NH Fighter License Number: _____

Do you have a National MMA ID? Yes / No

CERTIFICATION OF NON-SUSPENDED STATUS AND ACCURACY OF MEDICAL RESULTS

"I Hereby certify that I am not currently suspended for any reason from competing in any combat sports. Further, I hereby certify that I have not suffered a knockout (KO) within the last sixty (60) days, and have no other injuries that would prevent me from competing in any combat sport. In addition, the medical results I have provided the NH Boxing & Wrestling Commission are mine, and are true and accurate."

Print Name: _____ Event: _____

Signature: _____ Date: ___/___/___

NHSAC USE ONLY

___ Government Issued ID

___ Negative Hepatitis B Exam

___ Negative Hepatitis C Exam

___ Negative HIV Exam

___ Physical Exam Results (Dr. Clearance to Fight)

___ Eye Exam Results (With Dilated Pupil Exam)

___ EKG Results (Printout Required)

___ Negative Pregnancy Test (Same day as weigh Ins)

APPROVED BY: _____ DATE: ___/___/___

Blood work no more than 6 months old , All other Test no more than 12 months at the time of fight