



ON-SITE MEDICAL REPORT FOR MIXED MARTIAL ARTS BOUT

This form is to be used by medical staff at NZMMAF-supported events. It must be completed by both the athlete and the attending medical professional. It serves as a supplement to the Physician's Pre-Bout Examination and Serology Test records.

1. ATHLETE CONTACT INFORMATION

Full Name	
Date of Birth (dd/mm/yy)	
Address	
Contact number	

2. EMERGENCY CONTACT INFORMATION

Full Name	
Contact number	
Relationship to athlete	

3. ATHLETE MEDICAL DECLARATION

Please indicate whether you currently have, or have ever had, any of the following conditions:

CONDITION	YES	NO
Suffered from Epilepsy		
Suffered from Asthma		
Suffer from a psychological disorder (depression, schizophrenia, hypomania)		
Had any pathology in the eye (cataracts, detachments, tear or hole in retina)		
Any congenital or acquired cardiovascular or circulatory disease		
Any chest problems (chronic asthma, emphysema, active tb, acute chest infections)		
Acute or chronic gastro intestinal abnormality (hernia)		
Acute perforation of eardrum, acute sinusitis, infection of middle or inner ear		

Any skeletal abnormality or deformity (recurrent dislocations, osteo or rheumatoid arthritis)		
Diabetes, thyroid or other endocrineological disease or abnormality		
Anaemia or other chronic blood disorders		
Any bleeding disorders, or any recent surgeries		
Injuries accrued in training		
Loss of consciousness, concussion, or other significant head trauma		
Allergies		
Contagious infections which may be transferred via blood or saliva (ie: HIV, Hep)		

If you ticked YES to any of above, please provide appropriate notes here:

4. ATHLETE WAIVER

I, the undersigned, voluntarily agree to participate in this Mixed Martial Arts event sanctioned by the New Zealand Mixed Martial Arts Federation (NZMMAF).

I understand that NZMMAF is the nationally recognised organisation responsible for the development, regulation, and promotion of MMA in New Zealand, operating independently in the absence of formal government legislation. By participating in this event, I voluntarily agree to be bound by NZMMAF's rules, policies, and standards as a condition of participation. I acknowledge that NZMMAF exercises regulatory functions for the purpose of ensuring athlete safety, competition integrity, and sport development.

I acknowledge and accept that participation in MMA involves inherent risks, including the risk of serious injury. I assume full responsibility for any injuries or losses I may sustain in connection with my participation.

I confirm that the personal and medical information I have provided is accurate to the best of my knowledge. I understand that any medical treatment provided at the event will be limited to first aid only.

I agree to comply with all NZMMAF rules, regulations, and the directions of its appointed officials and inspectors. If I have any concerns about such directions, I understand I may request that the Lead Inspector assist.

I consent to the use of my name, image, and any video or photographs taken during the event by NZMMAF or its approved partners for promotional, educational, or publication purposes without expectation of compensation.

I hereby release, hold harmless, and indemnify NZMMAF, its officers, officials, staff, and appointed contractors from any and all liability for injury, loss, or damage arising from or connected to my participation—except where such injury or loss arises from proven gross negligence or serious misconduct.

Signature.....

Date.....

5. MEDICAL EXAMINATION NOTES**a. Medical personnel details**

Name: _____

Signature: _____

6. PRE-FIGHT EXAMINATION**a. Documents sighted**

- ☐ *Physician's medical clearance* has been reviewed and confirmed as correct
- ☐ *Serology results (Hep B, Hep C, HIV)* have been reviewed and confirmed as correct

b. Vitals

TIME	PULSE	RESPS	B.P *	GCS

**Note:// BP must be <160/100 if less than 35 years old; <145/90 if 35 or older*

c. Medical History

Allergies:

Medications:

Notes:

7. POST-FIGHT EXAMINATION

a. Fight Result

- ☐ Won ☐ Lost
☐ Decision ☐ KO ☐ TKO ☐ Draw ☐ DQ ☐ No Contest
☐ LOC ☐ Choke ☐ Submission

	Normal	Abnormal
A		
B		
C		

Unconscious		Altered LOC		Conscious	
P.E.R.L		Eye Pain		Earache	
Neck Pain		S.O.B		Chest Pain	
Back Pain		Vomiting		Nausea	
Abdo Pain		Diarrhoea		Cuts/Abrasions	
Lacerations		High Temp		Flushed	
Pale		Hot		Cold	

TIME	PULSE	RESPS	B.P	GCS	PAIN

b. Abnormalities:

c. Treatment:

Advised to report for second evaluation in: ☐ 15 minutes ☐ 30 minutes

Athlete failed to report for second evaluation: ☐

Athlete refuses advice of medical personnel ☐

Athlete signature: _____

NZMMAF is the **National Sporting Organisation** for Mixed Martial Arts in Aotearoa New Zealand. We are committed to the safety, integrity, and growth of MMA through regulation, education, and athlete support.