



***Information for the Medical Practitioner - Serological Clearance for Combatants***  
(Contains information for Medical Practitioners and Pathology Service providers in relation to the issuing of the approved form pursuant to Rules and Regulations of Masters Boxing Australia Inc.)

Combatants wishing to register with Masters Boxing Australia Inc. must provide a Serological Clearance.

A **serological clearance** is a certificate by registered medical practitioner or a person who provides a pathology service that:

- (a) the medical practitioner or person is of the opinion that a specified person is not capable of transmitting a medical condition or disease, and
- (b) the opinion is based on the results of blood tests or other tests carried out on a date specified in the certificate.

The medical conditions or diseases specified by the regulations are:

- HIV
- Hepatitis B
- Hepatitis C.

In order to complete the Serology Certificate the Medical Practitioner or pathology service provider must order the following screening tests to be conducted:

- HIV combined antigen- antibody (HIV Ag/Ab),
- Hepatitis B surface antigen (HBsAg), and
- Hepatitis C antibody (HCV Ab).

**SEROLOGY CERTIFICATE**

The certificate must state the date of the test and may only be completed if based on the results of the above tests and the issuer is of the opinion that the person is **not** capable of transmitting a medical condition or disease specified.

Masters Boxing Australia Inc. does not require the results of the pathology tests.

A Serological Clearance for completion is attached for your use.

In the event that any of the screening tests are positive and the medical practitioner is of the opinion that the specified person is capable of transmitting the specified disease / medical condition then the serology certificate must not be issued.

**RENEWAL OF SEROLOGY CERTIFICATE**

While an athlete is competing serology clearances must be obtained every 12 months

# Serological Clearance Certificate



*This certificate must be completed by a registered medical practitioner or a person that provides a pathology service*

I,

\_\_\_\_\_

[insert name of medical practitioner/ pathology service provider]

being a registered medical practitioner or person who provides a pathology service,  
Medical Registration Number:

\_\_\_\_\_

[insert number/stamp]

of:

\_\_\_\_\_

[insert address]

declare that:

\_\_\_\_\_

[insert name of combatant]

whom I identified from :

Photo Driver's License No: \_\_\_\_\_

or

Photo in Medical Record Book of Combatant No: \_\_\_\_\_

or

Photo Passport No: \_\_\_\_\_ Country of issue: \_\_\_\_\_

Other (please specify) \_\_\_\_\_

and based on the result of blood tests or other tests carried out on

\_\_\_\_\_

[insert date of tests]

is in my opinion not capable of transmitting a medical condition or disease specified by the Masters Boxing Australia Inc. and is clear to compete in combat sports.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Signature of medical practitioner/pathology service provider]

It is