



**SEROLOGY TESTING FOR ATHLETES**  
**MEDICAL PRACTITIONERS REPORT**

I certify that on \_\_\_\_\_ (date) \_\_\_\_\_ (athletes name)

Of \_\_\_\_\_ (address)

Whom I identified from

i) Photo Drivers license (Number and issuing state) \_\_\_\_\_

ii) Passport (Country and number) \_\_\_\_\_

Presented himself for:

**1:** A H.I.V test, the result of this test (attached) indicates that the above named person is classified as 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

Other Comments

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Medical Practitioner \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Fax No \_\_\_\_\_

Medical Practitioners Signature \_\_\_\_\_ Date \_\_\_\_\_

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**RELEASE OF INFORMATION**

I \_\_\_\_\_ hereby authorise the release of the information contained in this serology report test to South Coast MMA and its officers.

Singnature of athlete \_\_\_\_\_ Date \_\_\_\_\_