



**WKF (WORLD KICKBOXING FEDERATION) Limited.
Serology Testing for Professional & Amateur Combatants**

Medical Practitioner to complete

A person is not eligible to be registered or have their registration renewed if the Certificate of Fitness is not accompanied by a negative serology test result for that person that is less than one month old.

Fighter's Name: _____

Fighter's Address:

Whom I identified from: NB: The Combatant must provide at least one of these forms of photo identification for the WKF – World Kickboxing federation to accept the tests.

a) Photo Drivers License No: _____ Country: _____

b) Photo in Medical Record Book of Combatant No: _____

c) Photo Passport No: _____ Country of Issue _____

d) National I.D. Photo Card

Presented themselves for:-

A HIV test and the result of the test carried out is that the above named person is: (tick as appropriate)

Classified as HIV negative:-

A Hepatitis test, the result of the test carried out is that the above named person is Classified:
Hepatitis "B" Antigen Negative or Immune Status
Hepatitis "C" Negative

Other Comments:

RELEASE OF INFORMATION – Fighter to Complete:

I _____ (Fighter's name) hereby authorise the release of these results of the tests set out above and any further information required to the WKF (World Kickboxing federation) Officers that assist administer the Act.

Signature of Fighter: _____

Signature of Doctor: _____

Registration No: _____ Stamp: _____ Date ____/____/____.