



Blood Test Review



To be used when blood test results ONLY are being submitted (i.e., when a valid Annual Medical is already in place.) Please return WITH COPIES OF LABORATORY

RESULTS to: william.fagan@immafa.org.au

Competitor Name: _____

Medical ID Number (NHS/CHI
Registration number): _____

Date of birth: _____

Telephone number: _____

Email address: _____

Postal address: _____

Name of Reviewing Doctor: _____

Qualifications: _____

Doctor Registration Number: _____

Practice address: _____

Telephone number: _____

Email address: _____

NOTE TO DOCTOR: Please counsel all competitors prior to arranging phlebotomy.

Interpretation must be accompanied by copies of laboratory results sent back with this form.

HEPATITIS B	Tested within the last 6 months ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of sample:		Clear from infection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HEPATITIS C	Tested within the last 6 months ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date of sample:		Clear from infection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIV (Dual Antigen Test)	Tested within the last 6 months ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of sample:		Clear from infection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed (Doctor): _____

Date: _____

SafeMMA Blood Test Review form for IMMAF Competitors, Sept 2015 version