



EXAMINATION GUIDELINE

PRE-COMPETITION MEDICAL EXAMINATION BY GAMMA-India

1. Competitors must have the official consent of Doctor of medicine: fit to fight.
The athletes participating in MMA sports, should provide a medical certification signed by authorized Doctor of medicine in which it is stated that prior to leaving his/her place of residence, the athlete was in good physical condition and not suffering from any injury, infection or disability label to affect his/her capacity to compete in MMA competition.
2. The authorized Doctor of medicine, among all other examination, must proceed the following examinations:
 - a. Skin exam: infection, dermatologic disorders, lesions,
 - b. Head and face: eyes, nose, ears. Special attention to recent trauma! (Summary of Dental examination)
 - c. Extremities, with special attention to the hands: bones, joints skin and nails
 - d. Heart examination in consent with the Lausanne Recommendation of the IOC to prevent Sudden Death in Athletes. (For more information visit website of the IOC)
 - e. Lung exam. (Bronchitis, pneumonia): (these are contraindication for all kind of competition)
 - f. Examination Of abdomen and genitalia (in male): with the special attention to testicle!
 - g. Neurological examination: facial nerve, index-nose, Romberg etc.

If one of these examines is positive, the athlete is not allowed to compete and cannot be declared fit to fight.

3. All necessary examination described above and any other additional examination and all results need to be registered by Doctors of medicine conducting the examination.
4. **In addition, each athlete must submit an Rt-PCR test result conducted not prior to 20th March, 2021 clearly stating that the outcome is negative.**
5. In addition, every contestant must have weigh-in before each day of the competition.



MEDICAL FORM

| | |
|----------|-------------------|
| Gym Name | Identity Card No: |
| | |

| | | |
|-------------|------------|-------------|
| Family Name | Given Name | Middle Name |
| | | |

| | | | |
|-------------------------|-------------|-----------------------|--|
| Event / Weight category | Pulse (min) | Blood Pressure (mmHg) | |
| | | | |

| | | |
|--------------------------|--|------------------------|
| Skin exam: | Infection | |
| | Dermatologic disorders | |
| | lesions | |
| Head and Face: | Any bruises, scars, swellings or tenderness | |
| | | |
| Eyes | Pupils, Right | Cornea Left |
| | Distance vision: Right | Distance vision: Right |
| Ears | Hearing Right | Hearing Left |
| Throat: | | |
| Nose: | | |
| Teeth | (summary of dental examination) | |
| Neck: | Is it freely movable and without pain? Evaluation of lymphatic glands & thyroid | |
| | | |
| Chest: | Any deformities | |
| Lungs: | | |
| Heart | Rhythm | |
| | Size | |
| Extremities | With special attention to the hands: | |
| | Bones | |
| | Joints skin | |
| | nails | |
| Lung exam | | |
| Neurological examination | | |
| Locomotors System | Any scars, tenderness, swellings, muscular atrophy, restrictions or laxity of joints, any Deformities of the back of restriction of spinal mobility? | |
| | | |
| Nervous System | Any tremors of eyelids, tongue or outstretched fingers? | |
| | | |
| Genitalia | Absent or undescended testicle, hydrocele, varicocele, inguinal or femoral hernia? | |
| | | |

I, the undersigned, declare on my honor that I am eligible and fulfill the conditions stipulated by Rules of GAMMA-India.

SIGN ATURE OF DOCTOR

DATE (DD/MM/YY)