

South Australia

Boxing and Martial Arts Regulations 2002

under the *Boxing and Martial Arts Act 2000*

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Legislative history

1—Short title

These regulations may be cited as the *Boxing and Martial Arts Regulations 2002*.

2—Commencement

These regulations will come into operation on the day on which the *Boxing and Martial Arts Act 2000* comes into operation.

3—Interpretation

In these regulations—

Act means the *Boxing and Martial Arts Act 2000*.

4—Fees

The fees set out in Schedule 1 are payable as specified in that Schedule.

5—Medical examinations before registration or renewal of registration as a contestant—section 12

- (1) A medical practitioner conducting a medical examination of a person for the purposes of section 12 of the Act must—
 - (a) obtain from the person personal details and contest results in the form set out in Division 1 of Part 1 of Schedule 2; and
 - (b) record the person's medical history in the form set out in Division 2 of Part 1 of Schedule 2; and
 - (c) record the results of the examination in the form set out in Part 2 of Schedule 2.
- (2) A medical practitioner must—
 - (a) give a copy of a record made under subregulation (1) to the person to whom the record relates; and
 - (b) at the request of a person authorised in writing by the Minister, make a record made under subregulation (1) available for inspection and copying by the authorised person on behalf of the Minister.
- (3) After conducting a medical examination of a person for the purposes of section 12 of the Act, the medical practitioner must—
 - (a) if of the view that the person is fit to participate as a contestant in events of the kind for which registration is sought—issue to the person a certificate of fitness in the form set out in Part 1 of Schedule 3; or
 - (b) if of the view that the person is unfit to participate as a contestant in events of that kind—complete a report in the form set out in Part 2 of Schedule 3 and forward a copy of the report to the Minister and to the person.
- (4) A medical practitioner conducting a medical examination of a person for the purposes of section 12 of the Act must not issue the person a certificate of fitness under this regulation unless the medical practitioner has been provided with, and has taken into account, the results of an MRI scan of the person's head performed in the period of three years immediately preceding the date of the examination.

6—Medical examinations before events—section 14

- (1) A medical practitioner conducting a medical examination of a contestant before an event for the purposes of section 14 of the Act must record the results of the examination in the form set out in Part 3 of Schedule 2.
- (2) A medical practitioner must—
 - (a) give a copy of a record made under subregulation (1) to the person to whom the record relates; and
 - (b) at the request of a person authorised in writing by the Minister, make a record made under subregulation (1) available for inspection and copying by the authorised person on behalf of the Minister.
- (3) After conducting the medical examination, the medical practitioner must—
 - (a) if of the view that the contestant is fit to participate as a contestant in the proposed event—issue to the person a certificate of fitness in the form set out in Part 1 of Schedule 3 and forward a copy of the certificate to the Minister; or
 - (b) if of the view that the contestant is unfit to participate as a contestant in the proposed event—take the action required by section 14(3) of the Act.
- (4) A declaration for the purpose of section 14(3)(a) of the Act must be in the form set out in Part 3 of Schedule 3.
- (5) A medical practitioner must notify a contestant, a promoter of an event and the Minister of a declaration under section 14(3)(b) of the Act by providing each of those persons with a copy of the declaration.
- (6) A report to the Minister for the purpose of section 14(3)(c) of the Act must be in the form set out in Part 2 of Schedule 3.

7—Medical examinations after events—section 14

A medical practitioner conducting a medical examination of a contestant after an event for the purposes of section 14 of the Act must complete a report in the form set out in Part 4 of Schedule 3 and forward a copy of the report to the Minister and to the contestant.

8—Medical practitioner must keep records etc

A medical practitioner must keep a record made by the practitioner under these regulations and a copy of a certificate, declaration or report issued by the practitioner under these regulations in accordance with generally accepted practices regarding the keeping of medical records.

9—General offence

A person who contravenes or fails to comply with any of these regulations is guilty of an offence.

Maximum penalty: \$5 000.

Schedule 1—Fees

1	For the issue or renewal of a promoter's licence	\$200
2	For registration or renewal of registration as a contestant	\$60

Schedule 2—Examination records

Part 1—Medical history

Division 1 - Personal details and competition history

BOXING AND MARTIAL ARTS ACT 2000

(To be completed by contestant)

Name of contestant _____ Date of examination _____
 Contestant's address and phone number _____ Date of birth _____
 Sex _____ M / F _____

1. Previous competition history:

CURRENT RESULTS	WINS	LOSSES	DRAWS
Amateur			
Professional			

2. Have you suffered any injury while competing? YES / NO

3. Have you had any headaches, vomiting or problems with speech or vision after a competition? YES / NO

Division 2 - Medical history

(To be completed by medical practitioner)

		YES	NO			YES	NO			YES	NO
4	Have you or present any a. illness b. disability			15	a. Coughing blood b. Coughing phlegm			27	a. Gall bladder trouble b. Gall stones		
5	Are you now receiving medicine, drugs or other treatment?			16	Tuberculosis			28	a. Vomiting blood b. Passing blood through bowels		
6	Has an accident or illness kept you off work for more than one week?			17	a. Asthma b. Other lung disease			29	a. Hepatitis or other jaundice b. Liver disease		
7	Do you a. drink alcohol b. smoke			18	a. Deafness b. Tinnitus (ringing of the ears)			30	a. Sugar diabetes b. Gout c. Cancer d. Tumour of any type		
8	Have you ever been a patient in any hospital a. medical b. other			19	a. Contact lenses or glasses b. Any visual problems			31	a. Rupture b. Hernia c. Swollen or painful testicles		
HAVE YOU EVER HAD OR ARE YOU NOW SUFFERING FROM ANY OF THE FOLLOWING:				20	a. Fainting attacks b. Blackouts			32	a. Any skin trouble b. Tendency to bruise or bleed easily		
9	a. Rheumatic fever b. Heart disease c. Chest pain			21	a. Fits or convulsions b. Epilepsy c. Giddiness			33	a. Concussion b. Severe head injury c. Loss of consciousness		
10	Palpitations or pounding heart (irregular pulse)			22	a. Severe headaches b. Migraines			34	a. Knee injury b. Ankle injury c. Back injury d. Other joint injury or dislocation		
11	High or low blood pressure			23	a. Nervous trouble b. Severe depression c. Mental illness d. Attempted suicide			35	a. Fractured bones b. Chipped bones		
12	Swollen or painful joints (other than through injury)			24	a. Kidney disease b. Bladder disease c. Pain on passing urine d. Blood in your urine			36	Paralysis (including polio)		
13	Shortness of breath			25	Frequent indigestion			37	Any other injury, illness or disability		
14	Pneumonia, bronchitis or pleurisy			26	a. Ulcer of stomach b. Ulcer of duodenum			38	Are you pregnant		

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 Schedule 2—Examination records

39 Medical Practitioner's Notes on History (provide details of any "yes" answer to the above—include number of questions)

40 Do you suffer from any infectious blood borne disease eg. HIV, Hep B, Hep C YES / NO

41 Over the past 5 years have you, either occasionally or regularly, taken any stimulants, sedatives, medications or drugs by mouth or by injection. YES / NO

If yes, provide details and, if prescribed by a doctor, include the relevant particulars in question 42 below.

42 Over the past 5 years have you had any medical examination, advice, treatment or been in hospital? YES / NO
 If yes, provide particulars of each instance (including x-ray, electrocardiogram or other special tests) in the schedule below.

DATE	NAME AND ADDRESS OF DOCTOR AND/OR HOSPITAL	REASON (if illness or injury, give duration and date of recovery)

43 Details of identification presented (eg. driver's licence)

CONTESTANT'S DECLARATION AND MEDICAL PRACTITIONER'S SIGNATURE

44 I declare that the information recorded above is true and complete to the best of my knowledge and belief.

(Signature of contestant) _____ (Date) _____

45 I have completed the above medical history and have witnessed the contestant's signature.

(Signature of medical practitioner) _____ (Date) _____

46 I authorise (insert name of medical practitioner) to provide medical information to the Minister responsible for administering the *Boxing and Martial Arts Act 2000* and to obtain details of my medical records from previous medical attendants.

(Signature of contestant) _____
 (Name - please print) _____

Part 2—Record of examination conducted before registration or renewal of registration

BOXING AND MARTIAL ARTS ACT 2000

Name of contestant
Contestant's address and phone
number

Date of examination
Date of birth
Sex M / F

Contestant registration no. (or details
of other form of identification
presented)

If not examined, insert NE in normal column

PHYSICAL EXAMINATION	Abnormal	Normal		Abnormal	Normal
46 a. Head, face, scalp b. Neck R.O.M.			61	Endocrine system	
47 a. Nose deformity b. Nose airway			62	External genitalia	
48 a. Mouth, throat b. Speech			63	a. Feet b. Limbs R.O.M. c. Gait	
49 a. Teeth, gums b. Dentures YES / NO			64	a. Spine b. Trunk R.O.M. c. Posture (standing)	
50 Ears - general - hearing			65	Nervous system Cranial nerves	
51 Tympanic membranes			66	a. Cerebellum function b. Body balance/coordination	
52 Eustachian tubes			67	a. Muscle tone b. Muscle strength c. Sensation	
53 Eyes - general			68	Reflexes	
54 Visual fields Eye Gaze					
55 Eye movements			69	Skin	
56 Ophthalmoscopic examination			70	Lymphatic system Lymph glands in neck axillae or inguinal regions	
57 Chest, lungs			71	Other	
58 Heart (if ECG performed, note result in section 82 & enclose F MED 53)			72	Emotional stability	
59 Vascular system (include veins)					
60 Abdomen (include hernial orifices)			73	Identifying marks	Yes No

Part 3—Record of examination conducted before event

BOXING AND MARTIAL ARTS ACT 2000

TO BE COMPLETED BY MEDICAL PRACTITIONER
 WITHIN 24 HOURS BEFORE EVENT (SECTION 14)

Date and time of examination _____

Name of contestant _____

Contestant registration no. _____

Contestant's address and phone number _____

Place of examination _____

Weight (to be weighed in front of medical practitioner) _____ kg

Blood pressure _____

General comments (include any evidence of disease or infection)

Comment if excessively wasted or obese

Date of last contest _____ Any injuries? YES / NO

If "YES", describe injury _____

	Abnormal	Normal		Abnormal	Normal
Skin (incl. scar tissue)			Strength		
Heart & chest			Pupil size & reaction		
Liver & spleen			Vision		
Balance			Hearing		
Tongue			Speech		
Co-ordination			Mouth & jaw (incl. TMJ)		
Cervical spine (esp. ROM)			Nose & nasal passages		
Trunk			Upper limbs		
			Lower limbs		

In my opinion this contestant is / is not fit to participate as a contestant in the proposed boxing / martial arts event.

If the contestant is not fit to participate, you must also complete the next paragraph:

In my opinion, the contestant should not participate in—

- (a) any boxing/martial art contest;
 OR
 (b) any boxing/martial art contest or sparring.

until a medical practitioner finds the contestant to be fit.

(*Strike out whichever paragraph is inapplicable)

Other comments

.....

Signed (medical practitioner) Date

Name (please print)

Schedule 3—Forms

Part 1—Certificate of fitness

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Name of contestant

Contestant registration no

Address of contestant

..... Postcode

Phone number

Contestant's date of birth Sex

I certify that I have conducted a medical examination on the above named person as required under the *Boxing and Martial Arts Act 2000* and I am of the opinion that the person is fit to participate as a contestant in a boxing or martial arts contest.

Signature of medical practitioner Date

Name of medical practitioner

Address of practice

..... Postcode

Phone number

Qualifications

Date of examination of contestant

Part 2—Report to Minister where contestant unfit

Boxing and Martial Arts Act 2000

This report is lodged by—

Name of medical practitioner

Address of practice

..... Postcode

Phone number

Qualifications

I advise that I have conducted a medical examination on the person named below as required under the *Boxing and Martial Arts Act 2000* and I am of the opinion that the person is unfit to participate as a contestant in a boxing / martial arts contest.

Name of contestant

Contestant registration no

Address of contestant

..... Postcode

Contestant's date of birth Sex

Date of examination

Reasons for finding contestant unfit:

.....
.....
.....
.....
.....

Signature of medical practitioner Date

Part 3—Declaration under section 14(3)

Boxing and Martial Arts Act 2000

Name of contestant

Contestant registration no

Address of contestant

..... Postcode

Phone number

Contestant's date of birth..... Sex

Date, time and place of proposed event

I have conducted a medical examination on the above named person as required under the *Boxing and Martial Arts Act 2000* and I declare that the person is unfit to participate as a contestant in the proposed boxing / martial arts contest.

Signature of medical practitioner Date

Name of medical practitioner

Address of practice

..... Postcode

Phone number

Qualifications

Date of examination of contestant

Part 4—Report of examination conducted after event

Boxing and Martial Arts Act 2000

To be completed by medical practitioner within 24 hours after event (section 14)

Date and time of examination _____

Place of examination _____

Date, time and place at which event held _____

Name of contestant _____

Contestant registration no _____

Contestant's address and phone number _____

Result of contest _____ WIN / LOSS

Any evidence of injury arising from contest _____ YES / NO

If "YES", provide particulars:

1
2
3

Procedures to be carried out in respect of the above injuries or recommended treatment:

Other comments _____

Signature of medical practitioner Date

Name of medical practitioner

Address of practice

..... Postcode

Phone number

Qualifications

Legislative history

Notes

- For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes.

Principal regulations

Year	No	Reference	Commencement
2002	143	<i>Gazette 4.7.2002 p2813</i>	11.7.2002: r 2