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## **FIGHTER BLOOD WORK / MEDICAL INSTRUCTIONS**

Fighters participating in TOC Official MMA bouts must have current Blood Work and Medicals on file. You must update your Blood Work and Medicals every six (6) months.

### **What Blood Work do I need?**

Fighters must have the Combative Trio Testing which is testing for **HIV, Hep B and Hep C**. You will need to have testing done every six (6) months. *(Example: January and June)*

### **What type of Medicals do I need?**

Fighters simply need a statement from your family doctor or clinic on their letterhead stating you are healthy enough to participate in martial arts and contact sports. Make sure it includes the date you were seen in their office. This statement must also be updated every six (6) months.

### **Where do I get Blood Work and Medicals?**

You can get blood work and Medicals at one of the following that best suits your situation:

1. **Your Family Doctor or Clinic** - Complete the attached form and take it to your physician. Please make sure they fax your Medical statement and Blood Work Results to United Combat Arts at fax number: **(844) 706-2576**. **Keep a copy of the results for your records.** Always bring a copy of Blood Work and Medicals with you to every fight.
2. **ONLINE: Advanced Sports Labs**  
*(Bloodwork – Make sure to request the MMA Combative Trio Bloodwork)*

### **To get our Self-Pay DISCOUNTED price(s):**

1. Place your order at <http://www.advancedsportslabs.com/> You will receive a "Requisition Form" via e-mail, which you print and take to the lab.  
You will be given the address of the lab closest to you. No appointment necessary.
3. The lab will collect the specimen, and
4. Results will be sent to whom, and in the manner, you indicate on your order form.  
Please make sure they fax your Blood Work Results to  
**United Combat Arts Sanctioning** at fax number: **(844) 706-2576**.



## ATHLETE INFORMATION

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH

### MEDICAL CLEARANCE TO BE SIGNED BY PHYSICIAN

I hereby attest the above named individual to be in good physical health with no observed pre-existing conditions or abnormalities that would prevent his/her ability to compete in a mixed martial arts event.

\_\_\_\_\_  
LICENSED PHYSICIAN PRINTED NAME

\_\_\_\_\_  
PHYSICIAN LICENSE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**SEND TO: United Combat Arts**

**FAX # (844) 706-2576**

**EMAIL: [ucas@unitedcombatfights.com](mailto:ucas@unitedcombatfights.com)**

### MEDICAL CLEARANCE FORM

*Certification must be dated within 180 days preceding the date of the event to be valid.*

