



TITANS OF THE CAGE FIGHT PROMOTIONS

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.

TOC recommends a January and June testing schedule.

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 Titans of the Cage at fax number: **855-420-5927**. **Keep a copy of the results for your records.** Always bring a copy of Blood Work and Medicals with you to every fight.
2. **Your Local Health Department** - Many Health Departments can perform these test for you. Please inform them you are exposed to blood and the State of Virginia requires testing every six (6) months. Complete the attached form and take it with you. Please make sure they fax your Blood Work Results to **Titans of the Cage** at fax number: **855-420-5927**. **Keep a copy of the results for your records.** Always bring a copy of Blood Work and Medicals with you to every fight.
3. **econoLABS Patient Service Center**
(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.econolabs.com/category_s/86.htm
2. 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
Titans of the Cage at fax number: **855-420-5927**.



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**HIV and Hepatitis B & C Results Authorization
Release Form for the State Sanctioning Organization**

I, _____, understand that I am having a Hepatitis B, Hepatitis C and an HIV test today as part of my competition requirements. I also understand that I should be tested regularly for HIV.

I also give my permission to _____ (Medical Office/Laboratory) to release my test results to (check all that apply)

- The State Athletic Commission and/or
- Titans of the Cage Fight Promotions
- United Combat Arts, LLC
- Other: _____.

My test results will be faxed to the designed representative (DR) at the State Athletic Commission or other entity that I have authorized by checking the appropriate boxes above and below.

Having read and agreed to all of the information listed above, I _____, give my permission for _____ (Medical Office/Laboratory) to collect my specimen and for HIV, and Hepatitis B and C testing. I also give my permission for the Medical Office/Laboratory to forward my test results directly to (check all that apply and provide appropriate fax numbers/email where appropriate):

Titans of the Cage Fight Promotions **Fax: 855-420-5927**

United Combat Arts, LLC VA # 4130000002
Email: ucas@unitedcombatfights.com

Other: _____

Name: _____
Organization: _____
Fax No.: _____

Customer Name _____ Date _____
Customer Signature _____ Date _____



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 # 855-420-5927

EMAIL: ucas@unitedcombatfights.com

MEDICAL CLEARANCE FORM

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

