



Referee Certificate of Fitness

PLEASE NOTE: This certificate is applicable to those registering as Combat Sport Referees only.

Participant details:

Full name of the participant:

Address:

Suburb:

Postcode:

Date of Birth: (dd/mm/yyyy)

____/____/20

Gender:

Male

Female

Certification:

I certify that this person is **FIT / UNFIT** (*delete one*) to referee combat sports contests.

Print Name:

Medical Practitioner

Signed:

Medical Practitioner

Provider Number:

Date:

____/____/20

Medical practitioner's stamp: