

APPLICATION FOR LICENSURE AS A COMBATANT (continued)

9. Are you or have you ever been a user of or addicted to any habit forming or unlawful substance? [] Yes [] No
(If yes, or the results of your urinalysis is positive, you must attach proof of participation in a recognized drug rehabilitation program.)

10. Within the six (6) months immediately preceding this application, have you obtained a blood test that demonstrates that your blood tested negative for HIV, Hepatitis B surface antigen and Hepatitis C antibody, and illegal drugs and substances? (Including controlled substances for which you lack a prescription) [] Yes [] No
(Please attach a copy of the results.)

NOTE: A combatant must submit to a blood test within six (6) months preceding each event in which he will compete if such event will occur more than six (6) months after the date of the blood test that accompanies this application.

Amateur boxing OR martial arts record:

Wins: _____ **Wins by KO/TKO:** _____

Losses: _____ **Losses by KO/TKO:** _____

AFFIDAVIT

I hereby affirm that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public. I affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I will comply with the Idaho Laws and Rules governing the license for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application. I (and, if I am under 18 my undersigned parent or guardian) request that the Athletic Commission grant me a license.

Signature of applicant

Si _____
Signature of parent or guardian if under 18 years of age

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal) _____
Notary Public official signature
my commission expires _____

FEMALE COMBATANT AFFIDAVIT

I, _____, do hereby affirm that I have taken a reliable means of pregnancy testing as required by IDAPA 03.02.01-017.04 and that I will not participate in the contest if I am pregnant or during a menstrual period.

Signature of applicant

**STATE ATHLETIC COMMISSION
APPLICATION FOR LICENSURE
ADDENDUM**

PHYSICIAN'S EXAMINATION OF COMBATANT

*** ALL APPLICANTS MUST SUBMIT TO A PHYSICAL EXAMINATION BY A LICENSED PHYSICIAN. THIS ADDENDUM MUST BE COMPLETED BY THE PHYSICIAN & ATTACHED TO YOUR COMPLETED APPLICATION.**

A combatant who applies for a license or a renewal of a license must be examined by a physician. The physician will establish whether the applicant is physically and mentally fit for competition. **If the applicant is female, the examination must include an examination of the pelvis.**

Physician examination of _____ on ____/____/____.
(PRINT applicant name) mm dd yyyy

BASED ON THAT EXAMINATION:

Does the applicant have adequate vision to compete? [] Yes [] No

The Commission will not license a combatant who is found to be blind in one (1) eye or whose vision in one (1) eye is so poor that a physician recommends that no license be granted.

Is there any evidence that the applicant has suffered a cerebral hemorrhage? [] Yes [] No

The commission will not issue a license to any combatant who has suffered a cerebral hemorrhage.

Is there any evidence that the applicant has suffered any serious head injuries? [] Yes [] No

The commission will review the application of any person who has suffered a serious head injury before a license is issued to that person.

Is the applicant physically fit for competition? [] Yes [] No

Is the applicant mentally fit for competition? [] Yes [] No

PHYSICIAN'S AFFIDAVIT

I certify that the named applicant personally appeared and was examined by me. I further certify that my responses above and any attached documentations are true and correct to the best of my knowledge and belief.

PRINT Physician Name & License #

Physician signature

Address

City State

Zip

Business Phone

THIS COMPLETED AND SIGNED ADDENDUM MUST ACCOMPANY THE APPLICATIONS FOR ALL BOXERS, WRESTLERS AND MARTIAL ARTISTS. PLEASE ALSO INCLUDE THE COPY OF THE BLOODTEST RESULTS THAT TEST FOR HIV, HEPATITUS, AND ILLEGAL SUBSTANCES.