



HMB USA
www.usahmb.com
HMB USA Health Eligibility Form



To be filled out by a Licensed Primary Care Physician.

Athlete Name : _____ Age : _____

Section 1A.

Please check any that apply:

- A long-term heart condition
- Seizure, within the last 12 months
- Epilepsy
- Insulin Dependent Diabetes
- Concussion or TBI within the last 6 months. Date: _____
- Any condition that may be triggered by the sport **causing danger to the athlete** (ex. but not limited to, asthma, anxiety, panic attack, claustrophobia, PTSD, arrhythmia, SOB)
- None of the above

Section 1B.

To be eligible to participate in the Women's division of HMB USA, Total serum Testosterone (T) levels must be below 5 nmol/L (144.09 ng/dL) for at least a six (6) month period.

- eligible
- ineligible

Section 2.

Please select one of the following :

- Cleared for all aspects of the sport without restriction.
- Cleared for all all aspects of the sport without restriction, with recommendations for further evaluation or treatment for:

- Not cleared:
 - Pending further evaluation
 - For any aspect of the sport
 - For certain aspects of the sport

Reason : _____

Recommendations : _____

I have examined the above-named athlete and completed a physical health evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the combat sport Historic Medieval Battle akin to MMA combat level activities, HMB USA events, Buhurt League, Duels League, HMBIA events, buhurt, as explained by the athlete, unless indicated above.

A copy of the physical exam is on record in my office and can be made available to HMB USA, the national team captain, and/or HMBIA, only at the request of the athlete. If conditions arise after the athlete has been cleared for participation, the physician (I) may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete.

Physician name : _____

Signature : _____

Date : _____

To be filled out by the athlete.

Please initial:

____ I have provided a complete health history to the above practitioner for review.

____ I have provided an accurate description and explanation of the sport Historic Medieval Battle, HMB USA events, Buhurt League, Duels League, HMBIA events, buhurt, to the above named practitioner for consideration.

____ The information contained in this document is private for the purpose of providing health eligibility for participation in the sport Historic Medieval Battle, HMB USA events, Buhurt League, Duels League, HMBIA events, buhurt, between myself and HMB USA, the national team captain and/or HMBIA.

____ I agree to have a follow up evaluation, and resubmit this form to HMB USA, for any eligibility issues in question, every 6 mos, or as directed by my PCP and/or the organization HMB USA or HMBIA.

Name : _____

Signature : _____

Date : _____

***** Athlete to submit completed and signed form to hmbusabod@gmail.com *****