



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Athletic Commission**

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**MEDICAL INFORMATION**

**RELEASE**



This form gives the South Carolina Athletic Commission, hereinafter known as SCAC, authorization to distribute medial information to all member commissions affiliated with the Association of Boxing Commissions, hereinafter known as ABC.

I hereby authorize the SCAC to release, disclose and furnish any other commission or program affiliated with the ABC, any and all of my medical records obtained by the SCAC concerning my licensure as a combative sport contestant. This information may consist of, but is not limited to, annual physical examinations, ophthalmologic examinations, neurological examinations, negative test for HIV virus, Hepatitis B virus, and Hepatitis C virus, drug testing, hospital records and any other information regarding conditions related to the propriety of my licensure as a combative sport contestant (including history, findings, diagnosis and prognosis).

I understand, and it is agreed, that the signing of this Medical Information Release is optional and that my declining to sign this document will not result in any adverse action being taken against me by the SCAC or any of the member commission affiliated with the ABC.

I understand, and it is agreed, that the medical records described herein will not be released for any purpose other than the purpose of a member commission affiliated with the ABC to determine my eligibility to participate in a boxing, wrestling or MMA contest.

I understand, and it is agreed, that this authorization shall remain in effect for a period of one year from the date it is signed and is relevant to all medical records described herein whether such records were created prior to or subsequent to the date of the authorization signed.

\_\_\_\_\_  
Signature of Combative Contestant

\_\_\_\_\_  
Boxer Federal ID# or MMA  
Contestant's National ID#

\_\_\_\_\_  
Print Name of Combative Contestant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of SCAC Representative

\_\_\_\_\_  
Date Signed