



INSTRUCTIONS FOR MAKING A REQUEST TO SHARE MEDICAL DATA

“Medical data” shall include, but not be limited to, neurological examinations, ophthalmological examinations, all blood test results including those for HBV, HCV, HIV and pregnancy, pre-bout and post-bout medical examinations, electroencephalograms, echocardiograms, all drug testing, CT scans, X-rays, MRI and MRA films and any other medical data submitted to OCS for licensure or medical suspension release.

IF YOU ARE A COMBATANT LICENSEE and want to request that your medical data be shared with another Association of Boxing Commissions (“ABC”) Commission for licensure in their jurisdiction or to compete in a contest, you need to print out and complete in full the “Authorization for Release of Medical Data.” You then need to submit that executed Authorization to the Department of Labor and Industry, Office of Combative Sports (“OCS”) along with your request for processing.

IF YOU ARE AN ABC COMMISSION MEMBER requesting medical data on a combatant licensed or previously licensed in Minnesota for the purposes of licensure and/or determining eligibility to compete in your jurisdiction, you need to print out the “Authorization for Release of Medical Data” and have it completed by the combatant. You then need to submit that executed Authorization to the Department of Labor and Industry, Office of Combative Sports (“OCS”) along with your request for processing.

Fully completed and executed Authorizations for the Release of Medical Data can be delivered or sent to OCS by U.S. Mail, email or facsimile as follows:

Dept. of Labor and Industry, Office of Combative Sports
443 Lafayette Road N.
St. Paul, MN 55155-4341

Email: matt.schowalter@state.mn.us

Facsimile: (651) 539-0269

AUTHORIZATION FOR RELEASE OF MEDICAL DATA

TO: MN Department of Labor and Industry
Office of Combative Sports
443 Lafayette Road
St. Paul, MN 55155-4341
(651) 284-5366 (office)
(651) 539-0269 (fax)

RE: Combatant Name: _____
Address: _____
DOB: _____ Phone: _____
Email: _____

Request to Release Medical Data to which ABC Commission: _____

I hereby authorize the Minnesota Department of Labor and Industry, Office of Combative Sports (“OCS”) to release copies of any medical data maintained by OCS in its files relating to my licensure or application for licensure in Minnesota or medical suspension release. This release is a full and sufficient authorization, pursuant to Minn. Stat. § 144.291 -293 and the Minnesota Government Data Practices Act, to release and disclose all medical data to the Association of Boxing Commission (“ABC”) I have identified above.

Medical data shall include, but not be limited to, neurological examinations, ophthalmological examinations, all blood test results including those for HBV, HCV, HIV and pregnancy, pre-bout and post-bout medical examinations, electroencephalograms, echocardiograms, all drug testing, CT scans, X-rays, MRI and MRA films and any other medical data submitted to OCS for licensure or medical suspension release.

Upon receipt of this properly completed authorization, OCS may release information from their files on me that would not otherwise be accessible to the public. I understand that once this information is released, OCS does not control how it is used or further distributed by the recipient. A copy of this authorization may be used in the same manner and with the same effect as the original by OCS. This authorization is valid for one time only and only to release the requested information to the ABC Commission I have listed above. Upon fulfillment of the above-stated purpose, this authorization will automatically expire without express revocation.

Date: _____ Combatant’s Signature: _____