

6. Contestant Medical Examination Report:

Name:	Birth date:
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Please answer the following questions:

1. Are you 35 years of age or older? Yes No
If yes, you are required to submit the results of a CAT scan (CT) with contrast or MRI examination in addition to all the other required medical examinations listed below.
2. Are you 39 years of age or older? Yes No
If yes, you are required to submit the results of the following examinations in addition to all the other required medical examinations listed below:
 - MRI/MRA brain examination
 - A stress echocardiogram examination with the cardiology clearance
 - Metabolic blood profile
 - A chest x-ray that has been given within 2 years
3. Have you had any illness or injuries within the last 5 years? Yes No If yes, describe: _____
4. Have you ever had severe headaches, fainting spells, or dizziness? Yes No If yes, describe: _____
5. Do you have any medical condition that may affect your ability to compete? Yes No If yes, describe: _____
6. List your record: **Amateur** _____ **Professional** _____
7. What is the date of your last bout? _____
8. Have you ever been injured in a bout? Yes No If yes, describe injury: _____
9. Have you ever been knocked out? Yes No If yes, date of last knock out _____ How long were you unconscious? _____

Your physician must complete the remainder of this form in its entirety, including the results from your blood tests. This completed form and any additional examination results must be submitted with the application.

Vitals			
Height:	Pulse:	Blood Pressure:	
Weight:	Temperature:		
Comments:			
Tendon Reflexes			
Knee Jerk: Normal or Abnormal	Rhomborg: Normal or Abnormal		
Babinski: Normal or Abnormal	Finger to Nose: Normal or Abnormal		
Comments:			
Extremities / Joints			
Hands: Normal or Abnormal	Elbows: Normal or Abnormal	Feet: Normal or Abnormal	Ankles: Normal or Abnormal
Wrists: Normal or Abnormal	Shoulders: Normal or Abnormal	Knees: Normal or Abnormal	Hips: Normal or Abnormal
Comments:			
Misc			
Mouth and Pharynx: Normal or Abnormal	Adenopathy: Normal or Abnormal	Heart: Normal or Abnormal	
Abdominal Palpation: Normal or Abnormal	Testis: Normal or Abnormal	Lungs: Normal or Abnormal	
Boils, Herpes, Impetigo: Yes or No	Hernias: Normal or Abnormal		
Comments:			

Eyes	Left	Right	Comments
Distant Vision	20/	20/	
Light Reflex	Normal or Abnormal	Normal or Abnormal	
Accommodation Reflex	Normal or Abnormal	Normal or Abnormal	
Cataracts	Normal or Abnormal	Normal or Abnormal	
Fundi	Normal or Abnormal	Normal or Abnormal	

Bloodwork	Date Drawn	Date of Results	Results	Comments
HIV			Negative or Positive	
Hepatitis B surface antigen			Negative or Positive	
Hepatitis C antibody			Negative or Positive	

PLEASE CHECK ONE: I have I have not medically cleared _____ to engage in combative sports.
(Name)

Physician Information:

Examiner Name (Printed): _____ Title (M.D., D.O., P.A.) & Lic #: _____

Address: _____ Phone: _____

Date of Exam: _____ Examiner Signature: _____