

**Wisconsin Department of Safety and Professional Services (DSPS)  
CONTESTANT MEDICAL EXAMINATION REPORT**

Upload completed form (including eye exam) into [LicenseE](#) application. Proof of blood test results also required. Upload into your [LicenseE](#) application.

<b>NAME</b> _____	<b>Date of Birth</b> (mm/dd/yyyy) ____ / ____ / ____
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Please answer the following questions. Attach additional sheets if necessary.

1.	<b>Are you 40 years of age or older?</b> If yes, submit the following examination results <i>in addition</i> to the other medical examinations listed below: (a) MRI or MRA brain examination; (b) metabolic blood profile; (c) stress echocardiogram examination with the cardiology clearance; and (d) chest x-ray taken within 2 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
2.	Have you had any illness or injuries within the last 5 years? <b>If yes, describe:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
3.	Have you ever had severe headaches, fainting spells, or dizziness? <b>If yes, describe:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
4.	Do you have any medical condition that may affect your ability to compete? <b>If yes, describe:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
5.	What is the date of your last bout? (mm/dd/yyyy) ____ / ____ / ____ <b>LIST YOUR RECORD BELOW:</b> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:10%;"><b>Amateur</b></td> <td style="width:10%;">Wins</td> <td style="width:10%;">Losses</td> <td style="width:10%;">Draws</td> <td style="width:10%;"><b>Professional</b></td> <td style="width:10%;">Wins</td> <td style="width:10%;">Losses</td> <td style="width:10%;">Draws</td> </tr> </table>	<b>Amateur</b>	Wins	Losses	Draws	<b>Professional</b>	Wins	Losses	Draws	
<b>Amateur</b>	Wins	Losses	Draws	<b>Professional</b>	Wins	Losses	Draws			
6.	Have you ever been injured in a bout? <b>If yes, describe the injury or injuries:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
7.	Have you ever been knocked out? <b>If yes, answer the following questions:</b> A) <b>Date of last knock out?</b> (mm/dd/yyyy) ____ / ____ / ____      B) <b>How long were you unconscious?</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No								

**IMPORTANT NOTE:** Your physician/physician assistant must complete the remainder of this form in its entirety. This completed form and proof of blood test results must be uploaded into your [LicenseE](#) application.

<b>VITALS</b>	Height _____	Weight _____	Temperature _____
Pulse _____	Blood Pressure _____		

**Comments**

<b>TENDON REFLEXES</b>	<b>Knee Jerk</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <b>Babinski</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Finger-to-Nose</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Romberg</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

**Comments**

<b>EXTREMITIES/JOINTS</b>	<b>Hands</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <b>Elbows</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <b>Feet</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Ankles</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Wrists</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Shoulders</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<b>Hips</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Comments</b>	

**Comments**

<b>MISC</b>	<b>Mouth/Pharynx</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <b>Adenopathy</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Heart</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Abdominal Palpation</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Boil, Herpes, Impetigo</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lungs</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Hernias</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Testis</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> N/A (female)

**Comments**

<b>EYES</b> <b>(*REQUIRED)</b>	<b>Left</b>	<b>Right</b>	<b>Comments</b>
<b>*Distant Vision</b>	20/	20/	
<b>*Light Reflex</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>*Accommodation Reflex</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>*Cataracts</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>*Fundi</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

**Blood Work Lab Results      BLOOD WORK LAB RESULTS REQUIRED FOR LICENSING.**

Per Wis. Admin. Code § [192.06\(2\)\(d\)](#) the results of the **physical** and the following **negative laboratory test results and interpretation**, conducted no more than 180 days before the application date, are required: (1) HIV; (2) hepatitis B surface antigen; **and** (3) hepatitis C antibody.

<b>PHYSICIAN- CHECK ONE</b> <input type="checkbox"/> I HAVE <input type="checkbox"/> I HAVE NOT Medically cleared this contestant to engage in combat sports.	<b>PHYSICIAN STAMP</b>  _____ _____ _____				
<b>Physician/Physician Assistant Name (Printed):</b> _____	<b>Title (MD, DO, PA)</b> _____	<b>License Number</b> _____			
<b>Address (Number, Street, City, State, Zip Code)</b> _____		<b>Phone Number (with area code)</b> _____			
<b>Date of Exam (mm/dd/yyyy)</b> _____	<b>Examiner Signature (Provide a digital signature or print and sign form.)</b>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">                 [ ] [ ] [ ] / [ ] [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ]             </td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>	[ ] [ ] [ ] / [ ] [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ]				
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