SECTION 6 – CONTESTANT MEDICAL EXAMINATION REPORT

Name		Date of Birth (mo/day/year	/ /

Please answer the following questions. Attached additional sheets if necessary.

1.	**Are you 40 years of age or older**? **If yes, submit the following examination results *in addition* 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.**	☐ Yes ☐ No
2.	Have you had any illness or injuries within the last 5 years? **If yes, describe:**	☐ Yes ☐ No
3.	Have you ever had severe headaches, fainting spells, or dizziness? **If yes, describe:**	☐ Yes ☐ No
4.	Do you have any medical condition that may affect your ability to compete? **If yes, describe:**	☐ Yes ☐ No
5.	List your record. **Amateur:** Wins_____ Losses_____ Draws_____ **Professional:** Wins_____ Losses_____ Draws _____	
6.	What is the date of your last bout? Month____ Day ____ Year _____	
7.	Have you ever been injured in a bout? **If yes, describe the injury or injuries:**	☐ Yes ☐ No
8.	Have you ever been knocked out? **If yes, answer the following questions: 8a) Date of last knock out?** **Month_____ Day_____ Year_____ 8b) How long were you unconscious? _____**	☐ Yes ☐ No

IMPORTANT NOTE: Your physician must complete the remainder of this form in its entirety. This completed form and proof of blood test results must be submitted with the application.

VITALS	**Height**	**Weight**	**Temperature**
Pulse		**Blood Pressure**	
Comments			

TENDON REFLEXES	**Knee Jerk** ☐ Normal ☐ Abnormal	**Babinski** ☐ Normal ☐ Abnormal
Finger-to-Nose ☐ Normal ☐ Abnormal	**Romberg** ☐ Normal ☐ Abnormal	
Comments		

EXTREMITIES/JOINTS	**Hands** ☐ Normal ☐ Abnormal	**Elbows** ☐ Normal ☐ Abnormal	**Feet** ☐ Normal ☐ Abnormal
Ankles ☐ Normal ☐ Abnormal	**Wrists** ☐ Normal ☐ Abnormal	**Shoulders** ☐ Normal ☐ Abnormal	**Knees** ☐ Normal ☐ Abnormal
Hips ☐ Normal ☐ Abnormal	**Comments**		

MISC	**Mouth/Pharynx** ☐ Normal ☐ Abnormal	**Adenopathy** ☐ Normal ☐ Abnormal
Heart ☐ Normal ☐ Abnormal	**Abdominal Palpation** ☐ Normal ☐ Abnormal	**Boil, Herpes, Impetigo** ☐ Yes ☐ No
Lungs ☐ Normal ☐ Abnormal	**Hernias** ☐ Normal ☐ Abnormal	**Testis** ☐ Normal ☐ Abnormal ☐ N/A (female)
Comments		

EYES	**Left**	**Right**	**Comments**
Distant Vision	**20/**	**20/**	
Light Reflex	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	
Accommodation Reflex	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	
Cataracts	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	
Fundi	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	

Blood Work Lab Results	**BLOOD WORK LAB RESULTS MUST BE SENT WITH PHYSICAL**

Per Wis. Admin. Code § 192.06(2)(d) 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.

PHYSICIAN - PLEASE CHECK ONE	**PHYSICIAN STAMP**
☐ **I have** ☐ **I have not** **Medically cleared this contestant to engage in combat sports.**	

Examiner Name (Printed): **Title** (MD, DO, PA) **Lic#**

Address (Street, City, State, Zip Code) **Phone** - -

Date of Exam (mm/dd/yyyy) / / **Examiner Signature** (Print and Sign Form)