

Wisconsin Department of Safety and Professional Services

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UNARMED COMBAT SPORTS JUDGE EYE EXAMINATION REPORT

(Report must be completed by a licensed eye care professional.)

Applicant: Upload completed report into your [LicenseE](#) account.

Applicant's Full Name	Date of Birth (mm/dd/yyyy)
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Eyes (ALL REQUIRED)	Right	Left	Description
*Distant Vision	20/	20/	
*Light Reflex	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
*Accommodation Reflex	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
*Fundi	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
*Cataracts	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

Eye Examiner Name	Title (MD, DO, PA, OD)	Physician or Examiner License Number
Address (number, street, city, state, zip code)		Phone Number (with area code)
Signature (Provide a digital signature or print and sign form.)		Date (mm/dd/yyyy)
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