Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705

Phone Number: (608) 261-8503

LicensE: https://license.wi.gov

Email: DSPScombativesports@wisconsin.gov

Website: dsps.wi.gov

UNARMED COMBAT SPORTS
JUDGE EYE EXAMINATION REPORT

(Report must be completed by a licensed eye care professional.) Applicant: Upload completed report into your LicensE account.

Applicant's Full Name	**Date of Birth** (mm/dd/yyyy)
	__/__/____

Eyes (*REQUIRED)	**Left**	**Right**	**Description**
*Distant Vision	20/	20/	
*Light Reflex	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	
*Accommodation Reflex	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	
*Fundi	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	
*Cataracts	☐ Normal ☐ Abnormal	☐ Normal ☐ 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)
		__/__/____