

FULL CONTACT PROMOTIONS/ISKA

PRE-CONTEST PHYSICAL FORM

Fighter Fills Out This Page

Name: _____

Date of Birth: (month/day/year) ____/____/____ Age: ____ Over 37? Yes (if yes, next section required)

Record: MMA _____ Kickboxing: _____ Muay Thai: _____ Boxing: _____
 Other: (sport) _____ (record) _____

Date of last bout: (month/day/year) ____/____/____ Result of last bout:

Weight: (lbs.) _____ Height: (feet, inches) _____ Sex: M / F

NOTE:

Please attach the following required blood test results and present to the event physician:
HIV, Hepatitis B Surface Antigen, Hepatitis C Antibody A
Female Fighters: A Pregnancy Test will be administered by event physician at your pre-fight medical inspection HEPATITIS B SURFACE ANTIBODY WILL NOT BE ACCEPTED
Over 37 Years of Age
Must attach results for following test:
EKG , Neurological and Ophthalmological Examination
ALL TEST MUST BE DATED WITHIN 6 MONTH OF THE EVENT

PAST MEDICAL HISTORY

	Yes / No		Yes / No
Problems/Injuries to Eyes		Bleeding Disorder	
Migraines		Pinched Nerve	
Concussion		Seizures	
Hearing Problems		Broken Bones	
Facial Injuries		Previous Surgery	
Thyroid Disorders		Diabetes	
Fainting Spells		Kidney Disease	
Heart Disease		Ulcers	
Heart Murmur		Asthma	
Irregular Heart Beat			
High Blood Pressure		Other Medical Problems	

If answered Yes above, please explain: _____
 Present medication(s) (list): _____
 Allergies: _____

EXAMINATION – Physician Fills Out This Page

Weight: _____ lbs. Height _____' _____" Sex: M / F
 General Appearance: Normal / Abnormal Blood Pressure: _____ Pulse: _____
 Beats/Min - Regular / Irregular

ENT	___ Normal ___ Abnormal	Comments:
Neck (Thyroid, larynx, masses)	___ Normal ___ Abnormal	Comments:
Lungs (Breath sounds, chest wall, ribs)	___ Normal ___ Abnormal	Comments:
CV (Heart sounds, murmurs, pulses)	___ Normal ___ Abnormal	Comments:
Abdominal/inguinal	___ Normal ___ Abnormal	Comments:
Spine/Pelvis	___ Normal ___ Abnormal	Comments:
Joints/Extremities	___ Normal ___ Abnormal	Comments:
Mental Status	___ Normal ___ Abnormal	Comments:
Cranial Nerves	Pupal reaction	___ Normal ___ Abnormal Comments:
	Extra-ocular movements	___ Normal ___ Abnormal Comments:
	Facial symmetry	___ Normal ___ Abnormal Comments:
	Facial sensation	___ Normal ___ Abnormal Comments:
	Other	___ Normal ___ Abnormal Comments:
Motor Function	___ Normal ___ Abnormal	Comments:
Sensory Function	___ Normal ___ Abnormal	Comments:
Gait/Rhomberg	___ Normal ___ Abnormal	Comments:
Reflexes	___ Normal ___ Abnormal	Comments:
Feet	___ Normal ___ Abnormal	Comments:
Hands	___ Normal ___ Abnormal	Comments:
Hearing	___ Normal ___ Abnormal	Comments:
Breasts (female)	___ Normal ___ Abnormal	Comments:
Other:	___ Normal ___ Abnormal	Comments:
Other:	___ Normal ___ Abnormal	Comments:

I hereby certify that I have examined _____ on this day (month/day/year) _____

Must check one:

- Medically cleared for participation in a Combat Sport
- NOT Medically cleared for participation in a Combat Sport

Recommendations: _____

Office address: _____

Telephone: _____ E-mail: _____ Physician signature: _____