Physician's PRE/POST Bout Exams
Boxing/MMA/Kickboxing/Elimination Tournaments

Athlete Legal Name:_____ Event Date:_____
Last First Middle

RR: _____ BP: _____/_____ HR: _____

	Normal	Abnl		Normal	Abnl		Normal	Abnl
Alertness/Orientation	☐	☐	Heart (Rhythm/sounds)	☐	☐	Romberg/Pronator Drift	☐	☐
Head/Periorbital/CN's	☐	☐	Chest/Lungs/Ribs	☐	☐	Finger to Nose	☐	☐
PERRLA/EOMI/Vision	☐	☐	Abdomen	☐	☐	Knuckle Push Ups	☐	☐
Jaw/Oropharynx/Teeth	☐	☐	Upper Extremities	☐	☐	Tandem Gait	☐	☐
Nose (stability/obstruction)	☐	☐	Lower Extremities	☐	☐	Duck Walk	☐	☐
Ears/Hearing (grossly)	☐	☐	Hands/Wrists	☐	☐	Crab Walk	☐	☐
Neck	☐	☐	Skin (rashes, infxns)	☐	☐	Other:_____	☐	☐

(Women only) Pregnancy test- Urine/Serum (check one): ☐ Negative ☐ Positive (Automatic DQ)

Abnormalities:

_____

Based on the statements made by the athlete, the Medical History form and my physical findings it is opinion this athlete ☐ **IS** ☐ **IS NOT** in good physical condition and able to compete in boxing/MMA/kickboxing/elimination tournament.

Reason if not cleared for competition:

_____

_____ _____ _____ _____
Physician's Name, M.D/D.O. Signature License No. Date

Physician's Post Bout Evaluation

☐ Won ☐ Lost Via: ☐ KO ☐ TKO ☐ Draw ☐ DQ ☐ NC ☐ Choke ☐ Submission

Length of Suspension: ☐ 14 days ☐ 21 days ☐ 30 days ☐ 60 days ☐ 90 days ☐ Indefinite Time of initial evaluation:_____

Fighter Stable: ☐ Yes ☐ No RR:_____ BP:_____/_____ HR:_____

	Normal	Abnl		Normal	Abnl		Normal	Abnl
Alertness/Orientation	☐	☐	Jaw/Oropharynx/Teeth	☐	☐	Hands/Wrists	☐	☐
Head/Periorbital/CN's	☐	☐	Neck	☐	☐	Skin (Lacerations)	☐	☐
PERRLA/EOMI/Vision	☐	☐	Heart/Lungs	☐	☐	Gait/Motor (grossly)	☐	☐
Ears/Hearing (grossly)	☐	☐	Chest/Ribs/Abdomen	☐	☐	Neuro (grossly)	☐	☐
Nose (stability/obstruction)	☐	☐	Extremities	☐	☐	Other:_____	☐	☐

Abnormalities:

_____

Mechanism of Injury/Diagnoses:

_____

Advised to report for second evaluation in: ☐ 15 ☐ 30 minutes ☐ Athlete failed to report for second evaluation

Results/time of seconds evaluation:

_____

Recommended Medical Attention:

☐ CT scan of brain ☐ CT scan: _____ ☐ X-Ray: _____

Examination/follow up by: ☐ Ophthalmologist ☐ Neurologist ☐ Orthopedic doctor ☐ Primary care physician ☐ Other: _____

☐ Referred to Emergency Department at: _____ ☐ Boxer refuses advice of physician

Comments:_____

_____	_____	_____	_____
Physician's Name, M.D/D.O.	Signature	License No.	Date