**ATHLETE PHYISCAL EXAMANIATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ATHLETE PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **MALE** | | | | | | | | | | | | | |  | | | | | | | | | | | | **FEMALE** | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |
| **Athlete Name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (Last Name) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | (Middle Name) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | (Last Name) | | | | | | | | | | | | | | | | | | | |
| **Athlete Address:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | (Number and Street Name) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | (City) | | | | | | | | | | | | (State) | | | | | | | | | | | | | | (Zip Code) | | | | | | | | | | | |  | | | | | | | |
| **Cell Number:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Work Number:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (Area code) | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | (Area code) | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **PHYSICAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the athlete experienced any of the following conditions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Bleeding Disorder | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Rapture (hernia) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Chest Pain | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Operations | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |
|  |  | Shortness of Breath | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Swollen joints | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Rheumatism | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Diabetes | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |
|  |  | Frequent headaches | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Convulsions (fits) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Chronic cough | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Fainting Spells | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
|  |  | Spitting blood | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Cerebral hemorrhage or any other serious injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Number of knockouts athletes received: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Date of last knockout: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **/** **/** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Longest duration of unconsciousness: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Has the athlete ever been knocked unconscious during a competition or by result of any physical activity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Yes | | | | | |  | | No | | | | | | | If yes, explain: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHYSICAL EXAMINATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General appearance: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Height: | | | | | | | | |  | | | | | | | | | | | | | Weight: | | | | | | | | | | | |  | | | | | | | | | | Temperature: | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |
| Disabling Scars: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Mouth: | | | | | | | | | | | | | | | |  | | | | | | | | Teeth: | | | | | | | | | | |  | | | | | | | | | | Tonsils: | | | | | | | | | | | | | |  | | | | | | | | Neck: | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse at Rest: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Blood pressure at rest: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pulse after 100 hops: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Blood pressure after 100 hops: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | BP after 2 min: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enlarged glands: | | | | | | | | | | | | | | | |  | | | | | | Yes | | | | | | | | | |  | | | | | | | | | | | No | | | | | | | | | Goiter: | | | | | | | | | | | |  | | | | | | | | Yes | | | | |  | | | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | |
| Heart: | | | | Pulse rhythm: | | | | | | | | | | | | | | |  | | | | | | | | | Regular | | | | | | | | | | | | | | |  | | | | | | Irregular | | | | | | | | | | |  | | | | | | | Apical Pulse: | | | | | | | | | | | | | | | | | | | |  | | | | | | Heavy | | | | | | | |  | | | | Normal | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Enlargement: | | | | | | | | | | | | | | |  | | | | | | | | | Yes | | | | | | | | | | | | | | |  | | | | | | No | | | | |  | | | | | | | | | | | | | Murmurs: | | | | | | | | | | | | | | | | | | | |  | | | | | | Yes | | | | | | | |  | | | | No | | | | |
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| Lungs: | | | | Rales: | | | | | | | | | | | | | | |  | | | | | | | | | Yes | | | | | | | | | | | | | | |  | | | | | | No | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Breasts: | | | | | | Mass: | | | |  | | | | | Yes | | | | | | | | |  | | | | | | No | | | | | | | | Tenderness: | | | | | | | | | | | | | | | | | |  | | | | | | Yes | | | | | | |  | | | | | No | | | | | | Discharge: | | | | | | | | | | | | | | | |  | | | | | Yes | | | |  | | | | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abdomen: | | | | | | | | Enlargement of liver: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Yes | | | | | | | | |  | | | No | | | | | | | |  | | | | | Enlargement of spleen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Yes | | | |  | | | | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Hernia: | | | | | | |  | | | | | | | | | | Yes | | | | | | | | | |  | | | | | | | No | | | | | | | | |  | | | | | | | | | | | | | | | | Enlargement of spleen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Yes | | | |  | | | | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pelvic: | | | | Normal: | | | | | | | |  | | | | | | | Yes | | | | | | | | |  | | | | | | No | | | | | | | | | | | Remarks: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Testicles: | | | | | | | Normal: | | | | | | | |  | | | | | | | Yes | | | | | | | | | |  | | | | | | | | No | | | | | | | | Remarks: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Reflexes: | | | | | | | Pupils: | | | | | | | |  | | | | | | | | | | | | | | | | | Knee jerks: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Romberg: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Babinski: | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin: | | | | | | | Rash: | | | | | | |  | | | | | | | | | | | | Boils: | | | | | | | | | | |  | | | | | | | | | | | | | | Any other unhealed wounds: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Speech: | | | | | | | Slurred: | | | | | | | |  | | | | | | Yes | | | | | | | | |  | | | | | | | No | | | | | | | | |  | | | General Issues (memory/judgement): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |

**PHYSICAL EXAMINATION 2ND PAGE PRINT ATHLETE NAME:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ATHLETE COMBATE RECORD** | | | | | | | | | | | | | | | | | | | | | | |
|  | | Professional Boxing: | | | | | Wins: | | | |  | | | Losses: | |  | | Draws: | |  | |  |
|  | | | | | |  | | | |  | | |  | | | |  | |  |  | |  |
|  | | Professional MMA: | | | | | Wins: | | | |  | | | Losses: | |  | | Draws: | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | Amateur MMA: | | | | | Wins: | | | |  | | | Losses: | |  | | Draws: | |  | |  |
| **ATHLETE EYE HISTORY** | | | | | | | | | | | | | | | | | | | | | | |
| Has athlete ever experienced any of the following conditions: | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the | | | | | | | | | | | | | | | | | | | | | |
|  | skin around the eye? | | |  | Yes | | |  | No | | | If yes, explain: | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |
|  | 1. Has athlete ever been informed by a physician that he/she had significant eye problems such as retinal | | | | | | | | | | | | | | | | | | | | | |
|  | detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia lens? | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  | Yes | | |  | No | | | If yes, explain: | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Blurred vision? | | |  | Yes | | |  | No | | | If yes, explain: | | |  | | | | | | | |
| **ATHLETE EYE EXAMINATION** | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Vision Without glasses | |  | Vision With glasses | |  | Visual Field | |
| Left | Right |  | Left | Right |  | Left | Right |
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| **SEROLOGY** | | | | | | | | | | | | | | |
| **THE ORGINAL REQUIRED LAB REPORT WITH ATHLETE’S NAME AND DATE THE TEST WAS PROFORMED MUST BE SUBMITTED.**  **REQUIRED LAB REPORTS TO INCLUDE: HIV, Hepatitis B (Suface Antigen), Hepatitis C (Anitbody)** | | | | | | | | | | | | | | |
| **EXAMINING PHYSICIAN (MUST BE AN MD OR DO PHYSICIAN)** | | | | | | | | | | | | | | |
| **I have examined the above name subject and I** | | | |  | | **HAVE** | |  | | **HAVE NOT medically cleared to fight** | | | | |
|  | | | | | | | | | | | | | | |
| Additionally remarks regarding athletes physical health or well-being? | | | | | | | | | | |  | | | |
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| PHYSICIAN NAME | LICENSE # (PLEASE PRINT) | | | |  | | SIGNATURE BY (MD OR DO) ONLY | | | | | | | DATE |
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| BUSINESS STREET ADDRESS (NAME & STREET) | | | | | | | | | CITY | | | | STATE | ZIP CODE |
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| BUSINESS PHONE NUMBER |  | | NAME OF NURSING ASSISTANT | | | | | | | | | DATE | | |
| **MEDICAL RELEASE AUTHORIZATION** | | | | | | | | | | | | | | |
| Athlete:  **I AUTHORIZE any physician to release to the Pascua Yaqui Athletic Commission any of my medical records in his/her possession. I also authorize the Athletic Commission to release any medical information or other personal information with respect to my status and licensure as a professional athlete or unarmed combatant which may be contacted in any of its records to other State or Tribal Commissions.**  **I agree that this authorization will be valid for a period of one year from the date indicated in this document.** | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  |
| Name of Athlete (Please Print) | | Athlete Signature | | | | | | | | | | | | Date |