

**COMMONWEALTH OF PENNSYLVANIA  
STATE ATHLETIC COMMISSION**

**PHYSICIAN'S EXAMINATION - DATE:** \_\_\_\_\_

BOXER'S/MMA Fighter's NAME: \_\_\_\_\_

SS #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ Federal ID# \_\_\_\_\_ CURRENT WEIGHT: \_\_\_\_\_ HEIGHT \_\_\_\_\_

**TO BE COMPLETED BY EXAMINING PHYSICIAN:**

UNLESS STATED Indicate normal findings by placing a check (VISION must be at least **20/70-W/O Glasses**)

1. Visual Acuity: **List Actual** \_\_\_\_\_ Peripheral Vision (**DEGREES**) \_\_\_\_\_

2. Pupils: Regular \_\_\_\_\_ Equal \_\_\_\_\_ React to light \_\_\_\_\_ Anterior Segment \_\_\_\_\_

3. Periorbital Regions (describe scars, if any) \_\_\_\_\_

4. Oropharynx: \_\_\_\_\_ Ears (discharge, etc.) \_\_\_\_\_

5. Lungs: (Any abnormal breath sounds, friction rub, rales, etc.) \_\_\_\_\_

6. Heart Rate: **List Actual** \_\_\_\_\_ Any irregularity \_\_\_\_\_ Murmurs \_\_\_\_\_

7. Pulse Rate: **List Actual** \_\_\_\_\_ Blood Pressure: **List Actual** \_\_\_\_\_

8. Abdominal Exam: \_\_\_\_\_

9. Extremities (Stiffness, swelling, tenderness): **YES** \_\_\_\_ **NO** \_\_\_\_\_

10. Hands (fists): Any Fractures, or Swelling: **YES** \_\_\_\_ **NO** \_\_\_\_\_

11. Nervous System: Orientation \_\_\_\_\_ Cerebellum \_\_\_\_\_ Cranial Nerves \_\_\_\_\_

12. Nose: Instability **YES** \_\_\_\_ **NO** \_\_\_\_\_ Obstruction **YES** \_\_\_\_ **NO** \_\_\_\_\_

13. Coordination: Finger to Nose - Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

14. Tandem Gait: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

15. In your opinion is this individual in condition to compete as a Pro/Amateur MMA/ Boxer: **YES** \_\_\_\_  
**NO** \_\_\_\_

IF NO WHY \_\_\_\_\_

**NAME OF EXAMINING PHYSICIAN (PRINT):** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SEND TO:**

PENNSYLVANIA STATE ATHLETIC COMMISSION  
PO BOX 61975  
HARRISBURG, PA 17106

**TELEPHONE #:** 717-787-5720  
**FAX #:** 717-783-0824