

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
PO BOX 61975  
Harrisburg, PA 17106**

**OPHTHAMOLOGICAL EXAM**

**(To be completed by an OPTOMETRIST OR OPHTHAMOLOGIST)**

**History:** (To be completed by the **BOXER.**)

Do you have any history of:	YES	NO
Decreased vision	_____	_____
Loss of vision	_____	_____
Double vision	_____	_____
Amblyopia (lazy eye)	_____	_____
Crossed eyes	_____	_____
Eye or orbital injury	_____	_____
Light flashes and/or floating spots	_____	_____
Any other ocular or orbital condition	_____	_____

**Explain any yes answers here:**

The forgoing information is true and complete to the best of my knowledge, and I confirm this statement under penalty of perjury.

_____	_____	_____
Date	Boxer's Name (Print)	Boxer's Signature

**VISUAL REQUIREMENTS FOR LICENSURE BY THE PENNSYLVANIA STATE ATHLETIC COMMISSION:**

- a) Uncorrected visual acuity: 20/200 or better in each eye
- b) Corrected visual acuity: 20/40 or better in each eye
- c) Normal visual field
- d) Absence of "Major Ocular Pathology"
  - 1) Anterior Chamber Angle Abnormalities
  - 2) Glaucoma or Suspicion of Glaucoma
  - 3) Lens Abnormalities
  - 4) Peripheral Retinal Abnormalities
  - 5) Macular Abnormalities
  - 6) Diplopia or Extraocular Muscle Palsy
  - 7) Active Inflammation
  - 8) Optic Nerve Abnormalities

**OPHTHALMOLOGICAL EXAM**

**(To be completed by an OPTOMETRIST OR OPHTHAMOLOGIST)**

	<u>Patient's Name</u>	
VISUAL ACUITY	RIGHT	LEFT
Without Correction	_____	_____
With Correction	_____	_____
VISUAL FIELD	_____	_____
EXTERNAL EXAM	_____	_____
ANTERIOR SEGMENT EXAM	_____	_____
DILATED RETINAL EXAM	_____	_____
OPTIC NERVE	_____	_____
EXTRAOCULAR MUSCLES	_____	_____
GONIOSCOPY (Angle Recession)	_____	_____
INTRAOCULAR PRESSURE	_____	_____

**PLEASE COMMENT ON ANY AND ALL ABNORMAL FINDINGS:**

IMPRESSION AND ADDITIONAL COMMENTS (Add extra page if necessary)

**ALLOW TO BOX**    1) YES \_\_\_\_\_    2) CONDITIONAL \_\_\_\_\_    3) NO \_\_\_\_\_

**(To be completed by an OPTOMETRIST OR OPHTHAMOLOGIST)**

\_\_\_\_\_  
Physician's Signature                      Print Name                      Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip                      Phone

**FAX OR MAIL TO:**

PENNSYLVANIA STATE ATHLETIC COMMISSION  
PO BOX 61975  
HARRISBURG, PA 17106

**PHONE:** 717-787-5720  
**FAX:** 717-783-0824