

NEW JERSEY STATE ATHLETIC CONTROL BOARD - AMATEUR MIXED MARTIAL ARTS PHYSICAL FORM

(TO BE COMPLETED BY PHYSICIAN - PHYSICAL MUST BE TAKEN WITHIN 45 DAYS OF EACH EVENT - NJSACB FAX IS 609-292-3756)

CONTESTANT NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

I CERTIFY THAT I HAVE EXAMINED THE ABOVE CONTESTANT ON _____ AND HAVE FOUND HIM/HER TO BE MEDICALLY CLEARED TO ENGAGE IN AN AMATEUR MIXED

MARTIAL ARTS COMPETITION ON _____.

PHYSICIAN NAME (PRINTED): _____ PHYSICIAN SIGNATURE: _____

PHYSICIAN ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

CONTESTANT INFORMATION:

AGE: _____ HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: _____ PULSE: _____

TEMPERATURE: _____ BLOOD TYPE: _____

ALLERGIES: _____

MEDICATIONS: _____

EYE EXAMINATION:

NO RETINOPATHIES OR CATARACTS: _____

WEARS CONTACT LENSES: _____

EXAMINATION:

EARS - OTOSCOPY: _____

MOUTH PHARYNX: _____

ADENOPATHYS: _____

LUNGS: _____

HEART: _____

ABDOMINAL PALPATION: _____

HERNIAS OR VISCORO-MEGALY: _____

TESTIS: _____

TENDON REFLEXES:

KNEE JERK: _____

BABINSKI: _____

RHOMBERG: _____

FINGER TO NOSE: _____

UPPER EXTREMITIES:

HANDS: _____

WRIST: _____

ELBOWS: _____

SHOULDER GIRDLE: _____

LOWER EXTREMITIES: _____

SKIN (OPEN OR SUPERLATIVE LESIONS): _____

ANY INDICATIONS OF ACTIVE RENAL DISEASE: _____

PHYSICAL HISTORY:

CHEST PAINS: _____

FAINTING SPELLS: _____

SPITTING OF BLOOD: _____

SHORTNESS OF BREATH: _____

FREQUENT HEADACHES: _____

CONVULSIONS: _____

HEAD INJURY: _____

OPERATIONS: _____

DIABETES: _____

UNCONSCIOUSNESS FROM TRAINING OR COMPETING: _____

UNCONSCIOUSNESS FROM ANY OTHER SPORT OR ANY OTHER REASON: _____

FOR WOMEN:

PREGNANCY TEST: _____

BREAST EXAM: _____

GYNECOLOGICAL

EXAM:

COMMENTS: _____

