

Ringside Physicians Report

Combat Sports Authority of Maine

P.O. Box 10525
Portland, ME 04104
(207) 712-6615

PRE BOUT EXAM					
Date of Event / /		Participant MMA <input type="checkbox"/> Referee <input type="checkbox"/>		Location of Event	
Name		Age	Weight	Date of last fight: / /	
Eyes/Pupils: L R 1 2 3 4 5 6 1 2 3 4 5 6 Equal Reactive Accommodation		Lungs: CTA B/L		Abdomen: <input type="checkbox"/> Soft non-tender <input type="checkbox"/> No Hepatomegaly <input type="checkbox"/> No Splenomegaly	
Blood Pressure /	Pulse /bpm	Respiration	Heart Rhythm	Heart Murmurs	Medications being taken:
ENT: NASAL: Instability <input type="checkbox"/> Yes <input type="checkbox"/> No Obstruction <input type="checkbox"/> Yes <input type="checkbox"/> No				Ears: <input type="checkbox"/> Clear Cone of light Throat: <input type="checkbox"/> No white or red patches	
Remarks					
Extremities		Pregnancy test Positive <input type="checkbox"/> Negative <input type="checkbox"/>		Preliminary Drug Test: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
I have been training and I'm in good physical condition and not withholding information relative to my physical condition from the examining physician. It is understood that my failure to inform the examining physician of any recent KO losses, recent illness, prescribed medication, or physical defects, places me at my own risk, relieves the Combat Sports Authority of Maine of any responsibility and may subject me to disciplinary action by the Authority. Contestants signature: _____ Date: _____					
Medically Cleared: I find the above named contestant or referee in good physical _____ Condition and able to compete or officiate on the above date: _____ Physician Signature _____ Date _____					
POST BOUT EXAM					
Eyes/Pupils: L R 1 2 3 4 5 6 1 2 3 4 5 6 Equal Reactive Accommodation		Alert and Oriented: Remarks:			
OUTCOME: <input type="checkbox"/> Won <input type="checkbox"/> Loss <input type="checkbox"/> Draw			KO TKO DECISION TAP OUT NO DECISION (Circle one)		
SUSPENSION: <input type="checkbox"/> 30 Day <input type="checkbox"/> 60 Day <input type="checkbox"/> 90 Day <input type="checkbox"/> 120 Day <input type="checkbox"/> Physician suspension: SPECIFY DAYS _____					
The first day of any suspension will start the day following the scheduled event. During the suspension period the contestant MAY NOT compete in any striking sport events.					
Medical Exam Requested <input type="checkbox"/> Type of exam requested: _____					
If a medical exam is requested the results of such medical examination MUST be performed by a qualified licensed physician, neurologist, or ophthalmologist and sent to the Combat Sports Authority of Maine prior to you being released to participate in future events.					
Physicians Remarks: _____ _____ _____ _____					
Physicians Signature: _____ Date: _____					