

**Nebraska Athletic Commission**  
**Pre-Bout Physical Examination Form**

- o Professional Boxing
- o Mixed Martial Arts

**OFFICIAL WEIGHT:** \_\_\_\_\_

**TO BE COMPLETED BY CONTESTANT**

**Legal Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Federal ID#:** \_\_\_\_\_

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Have you ever been knocked unconscious                      | YES | NO |
| 2.  | Have you ever had a concussion or serious head injury       | YES | NO |
| 3.  | Have you ever suffered from dizziness or loss of balance    | YES | NO |
| 4.  | Do you suffer from headaches or blurred vision              | YES | NO |
| 5.  | Have you ever had any surgery (including eye surgery)       | YES | NO |
| 6.  | Have you ever had a retinal detachment                      | YES | NO |
| 7.  | Do you wear contact lenses                                  | YES | NO |
| 8.  | Do you have surgically implanted lenses on your eyes        | YES | NO |
| 9.  | Have you suffered from any neck or spinal injuries          | YES | NO |
| 10. | Have you had any serious bone or joint injuries             | YES | NO |
| 11. | Do you have any medical problems (asthma, diabetes, etc.)   | YES | NO |
| 12. | Are you allergic to any medications                         | YES | NO |
| 13. | Are you currently taking any medications                    | YES | NO |
| 14. | Are you currently being treated by a doctor for any reason  | YES | NO |
| 15. | Have you had any facial cuts that required stitches         | YES | NO |
| 16. | Have you ever suffered from any type of cerebral hemorrhage | YES | NO |
| 17. | <b><u>FEMALES ONLY:</u></b> Are you currently pregnant      | YES | NO |

As an amateur/professional contestant, you should be aware that this sport includes many health and safety risk. In particular, the risk of brain injury. As such, it is strongly recommended that you as an amateur/professional contestant take the necessary medical exams that detect brain injury. If you need further information about these exams, please contact the Athletic Commission Office.

I hereby certify that to the best of my knowledge and belief, the above statements are true and correct. I also realize that any deliberate misstatement will subject my license to disciplinary action by the Nebraska Athletic Commissioner. I also swear that I have been training for a minimum of 45 days in preparation for this bout and feel that I am in my best physical condition.

**CONTESTANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Annual Tests (date & results)** Physical: \_\_\_\_\_ Eye Exam: \_\_\_\_\_

**LAB RESULTS:** Test date & results: \_\_\_\_\_ HIV \_\_\_\_\_ HEP B \_\_\_\_\_ HEP C \_\_\_\_\_

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

**UNLESS STATED, INDICATE NORMAL FINDINGS WITH A CHECK MARK**

1. **BLOOD PRESSURE:** \_\_\_\_\_ / \_\_\_\_\_ **HEART RATE:** \_\_\_\_\_
2. **HEAD, EYES, NOSE, THROAT** \_\_\_\_\_
3. **LUNGS, CHEST, HEART** \_\_\_\_\_
4. **ABDOMEN EXAM** \_\_\_\_\_
5. **MUSCULOSKELETAL** \_\_\_\_\_
6. **NEUROLOGIC, MENTAL STATUS** \_\_\_\_\_

I hereby certify that on the basis of the statements by the above named contestant, and physical findings, it is my opinion that he/she is in good condition and able to engage in the scheduled event.

**APPROVED: YES NO**

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_