Nebraska Athletic Commission
Post-Bout Physical Examination

☐ **Professional Boxing**
☐ **Mixed Martial Arts**

CONTESTANTS NAME:_____

_____ **No complaints, normal post-bout exam, no treatment required**

_____ **Abnormal post-bout exam (list specifics)**
_____
_____
_____

Subjective complaints: _____

Objective findings:
Vitals _____
General _____
Mental status _____
Neurologic _____
HEENT _____
Musculoskeletal _____
Lacerations _____

Assessment:_____
_____
_____

Treatment provided at event: _____
_____
_____

Additional testing suggested immediately: _____
_____

Contestant transported/directed to hospital: **YES** **NO**

Comments:_____
_____

SIGNATURE OF PHYSICIAN: _____ **DATE:** _____

REV: 9/2007