



POST-BOUT EVALUATION

FIGHTERS NAME: \_\_\_\_\_

Won  Lost  Decision  KO  TKO  Draw  DQ  NC

Time of initial evaluation: \_\_\_\_\_ Fighter Stable:  Yes  No

RR: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ HR: \_\_\_\_\_

ANY ABNORMALITIES OF NOTE OR ATTENTION NEEDED:  Yes  No

Table with 3 columns of symptoms (Alertness/Orientation, Jaw/Oropharynx/Teeth, Hands/wrists, etc.) and checkboxes for 'ABNORMAL' status.

NOTES OF ABNORMALITIES: \_\_\_\_\_

Injury/Diagnoses: \_\_\_\_\_

Report to MD For Second Evaluation In:  15 min.  30 min.  Failed to Report for Second Evaluation.

Results/Time of Second Evaluation: \_\_\_\_\_

RECOMMENDED MEDICAL ATTENTION:

CT Scan of Brain  CT scan: \_\_\_\_\_  X-Ray: \_\_\_\_\_

Examination/follow up by:  Ophthalmologist  Neurologist  Orthopedic Doctor  Primary Care Doctor

Referred to Emergency Department at: \_\_\_\_\_  Boxer Refuses Advice of Physician

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name, M.D./D. O.

Signature

License No.

Date