



## PRE-BOUT MEDICAL QUESTIONNAIRE

***This questionnaire needs to be completed in full. Only the licensed Commission Physician evaluating the contestant may assist the contestant in completing this questionnaire.***

### Attention Physician:

All available licensing medical examinations and competition history are in the Event Packet. At a minimum the medical examinations available to you are the Physical Examination, Ophthalmologic Examination, Neurological Examination, MRI Diagnostic Report and MRI Summary, EKG Report and Cardiovascular History, and lab work. Please consult with the Event Supervisor if you need any additional information or if there is information missing.

If any condition is disclosed in this questionnaire, you shall immediately inform the Commission Representative and unless a clearance is received from the contestant's attending physician in consultation with you or a Commission approved physician, the contestant will not be allowed to compete.

You must be able to determine that the specific condition and or matter in question does not affect the contestant's ability to perform or present a potential threat to the contestant's health as a result of competing in the contest or match.

Contestant's Name: \_\_\_\_\_

Personal physician contact information:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

When was your last bout, and what was the result of the bout? \_\_\_\_\_

How much did you weigh when you began training for this bout? \_\_\_\_\_ Two weeks ago? \_\_\_\_\_

How much weight have you lost within the last 48 hours? \_\_\_\_\_

Have you ever suffered any knockouts (KO's), technical knockout's (TKO's), **or any kind of loss of consciousness, for any reason**, in the last twelve (12) months during a bout, sparring or in any other activity?  YES  NO If yes, please list and give dates and details: \_\_\_\_\_

When was the last time you sustained any type of injury? (State what type and when and be specific): \_\_\_\_\_

Have you ever had any broken bones or arthritis?  YES  NO If yes, please give date and the details: \_\_\_\_\_

Have you ever suffered any eye injury or had any eye problems?  YES  NO If yes, please list and give dates and details: \_\_\_\_\_

Have you ever had any hearing problems?  YES  NO If yes, please give date and the details: \_\_\_\_\_

Have you ever had a neuromuscular condition, including peripheral nerves, muscle or brain problems?  YES  NO If yes, please give date and details: \_\_\_\_\_

Have you ever had any heart or cardiovascular condition?  YES  NO If yes, please give date and details: \_\_\_\_\_

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**Participant Name:** \_\_\_\_\_

Have you ever had any pulmonary or respiratory condition including asthma?  **YES**  **NO** If yes, please give details: \_\_\_\_\_

Are you pregnant?  **YES**  **NO** If yes, please give date the pregnancy was confirmed and refer to the Pregnancy Advisory Notice: \_\_\_\_\_

Have you ever had any renal or urological condition?  **YES**  **NO** If yes, please list and give date and details: \_\_\_\_\_

Have you ever had a hematological condition or any unusual bleeding or bruising problems?  **YES**  **NO** If yes, please list and give date and details: \_\_\_\_\_

**Do you have any conditions of which you are aware such as:**

Any surgical procedure?  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

Any serious illness, disease or allergy from either food or medicine?  **YES**  **NO** If yes, please list and give date and details: \_\_\_\_\_

Any lacerations (cuts) requiring sutures in the last 90 days?  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

**To your knowledge have you taken any of the following?**

Any medication or drug either over the counter or prescribed  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

Any medication, drug or vitamin supplement to help you lose weight for this bout  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

Any vitamin or nutritional supplement  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

I, \_\_\_\_\_,  
**PRINT NAME** **SIGNATURE**

the CONTESTANT, declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

I, \_\_\_\_\_,  
**PRINT NAME and RELATIONSHIP TO ATHLETE (cannot be promoter)** **SIGNATURE**

assisted the Contestant in completing this form and declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

**COMMISSION PHYSICIAN CONDUCTING THIS EVALUATION:**

\_\_\_\_\_  
**NAME (print)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**TIME:**