



# Arkansas State Athletic Commission

Compliance Division/COMBATIVE SPORTS

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## Combative Sports Medical Report (PRE-BOUT)

- This Report is for use by Commission assigned Doctor & Contestants for each Contestant's Pre-fight and Post-fight physical.
- Contestant must complete Contestant's portion and Doctor must complete the remainder.
- **PROVIDING FALSE INFORMATION ON THIS FORM IS SUBJECT TO FINES & OTHER LEGAL ACTION.**

### TO BE COMPLETED BY CONTESTANT

1. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ AGE: \_\_\_\_\_ RECORD: \_\_\_\_\_  Male  Female
2. State the date you last competed in a combative sports event: \_\_\_\_\_ Event Type/Style: \_\_\_\_\_ Result: \_\_\_\_\_
3. Have you ever lost consciousness (whether by knockout or other reason)?  Yes  No
4. Were you knocked out in your last bout?  Yes  No
5. Have you ever experienced a concussion of any type?  Yes  No
6. Have you experienced headaches, dizziness or loss of memory since your last bout or training for this Event?  Yes  No
7. Have you ever had any bone or joint injuries or had surgery of any kind including RK or Lasik eye surgery?  Yes  No
8. Have you ever tested positive (even if a 2<sup>nd</sup> test was negative) for HIV or Hepatitis or Staph Infection?  Yes  No
9. Are you currently being treated for any illness or taking medication (whether over the counter or prescription)  Yes  No
10. Are you allergic to any medicine or to latex?  Yes  No
11. Do you have any physical or mental condition which would cause you to not be able to participate in this Event?  Yes  No
12. Do you have a family history of any diseases or other medical conditions?  Yes  No
13. Are you pregnant or do you think you may be pregnant?  Yes  No
14. Have you ever had breast augmentation:  Yes  No
15. Please list the Name & Telephone/Cell Number for your Emergency Contact: \_\_\_\_\_
16. If you answered YES to any of the above questions, please list the dates, describe and provide further details for each: \_\_\_\_\_

I CERTIFY & AFFIRM THE FOREGOING ANSWERS ON THIS MEDICAL REPORT ARE COMPLETE AND TRUTHFUL.

Contestant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY RINGSIDE PHYSICIAN – PRE-BOUT

Before the Event, but not more than four (4) hours prior to the start of the first bout for the Event, on which date Contestant has signed this Report, I certify that I have performed at least the following physical and/or mental observations of the above named Contestant and have reached the following conclusion(s) based on my professional medical opinion:

1.  Verified – I verbally reviewed & verified Contestant's above stated answers.
2. Blood pressure \_\_\_\_\_ Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_ Pulse \_\_\_\_\_ (FEMALES ONLY: Pregnancy Test  Positive  Negative)
3.  Remarkable  Unremarkable – Visual testing & observation for contagious or potentially contagious skin, eye, ear, nose or throat borne infections, contagions or other diseases including, without limitation, those associated with the scientific family staphylococcaceae or any form of conjunctivitis or trachoma
4.  Remarkable  Unremarkable – Visual observation of Head, Eyes, Ears, Nose & Throat with a focus on proper dilation, movement, and lack of visually identifiable infections and abnormalities
5.  Remarkable  Unremarkable – Audible observation of lungs and heartbeat
6.  Remarkable  Unremarkable – Physical examination of abdomen and orthopedic emphasizing joints
7.  Remarkable  Unremarkable – Cursory Neurological observation including Mental Status; Cranial Nerves; Motor Skills; Coordination & Gait; Reflexes; Sensory; and any special tests deemed prudent
8. COMMENTS/NOTES: If any above observation is Remarkable or abnormal, please provide explanation, details and recommendation: \_\_\_\_\_

BASED ON MY FOREGOING OBSERVATIONS & REVIEW OF THE CONTESTANT'S ANSWERS, I CERTIFY & ATTEST CONTESTANT IS IN SATISFACTORY CONDITION TO COMPETE IN THE EVENT AT THE TIME OF OBSERVATION.

Signature of Ringside Physician: \_\_\_\_\_

Arkansas Medical License # \_\_\_\_\_