



CALIFORNIA STATE ATHLETIC COMMISSION
2005 Evergreen Street, Suite 2010 | Sacramento, California 95815
Phone: (916) 263-2195 Fax: (916) 263-2197
Website: www.dca.ca.gov/csac Email: CSAC@dca.ca.gov



PROFESSIONAL ATHLETE PHYSICAL EXAMINATION
KICKBOXING

Only a licensed physician may conduct this examination and complete this form.
Please complete this form in its entirety.

NOTE TO PHYSICIAN: PLEASE EMAIL COMPLETED FORM TO csac@dca.ca.gov OR FAX TO (916) 263-2197.

Form containing fields for personal information (Last Name, First Name, Middle Name, Address, Telephone number, Email), physical history (Asthma, Blood in urine, Allergies, etc.), medication/drug use, surgery, vitamin supplements, and professional/Amateur Boxing and Mixed Martial Arts records.

# PROFESSIONAL ATHLETE PHYSICAL EXAMINATION

APPLICANT NAME: \_\_\_\_\_

## PHYSICAL EXAMINATION:

General appearance: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Temperature: \_\_\_\_\_ Disabling scars: \_\_\_\_\_ Mouth: \_\_\_\_\_ Teeth: \_\_\_\_\_ Tonsils: \_\_\_\_\_  
Neck: \_\_\_\_\_ Pulse at rest: \_\_\_\_\_ Pulse after 100 hops: \_\_\_\_\_  
Blood pressure at rest: \_\_\_\_\_ After 100 hops: \_\_\_\_\_ 2 minutes later: \_\_\_\_\_  
Enlarged glands:  Yes  No Goiter:  Yes  No Heart: Pulse rhythm (circle one) **Regular**

### Irregular

Murmurs:  Yes  No Musculoskeletal system: \_\_\_\_\_  
Apical impulse (circle one): **Heavy** **Normal** Enlargement:  Yes  No Lungs: Rales  Yes  No  
Abdomen: Enlargement of liver  Yes  No Breasts: Mass  Yes  No Tenderness  Yes  No  
Discharge  Yes  No Enlargement of Spleen:  Yes  No Hernia:  Yes  No  
Testicles: Normal  Yes  No

Remarks: \_\_\_\_\_

Reflexes: Pupils \_\_\_\_\_ Knee jerks \_\_\_\_\_ Romberg \_\_\_\_\_ Babinski \_\_\_\_\_

Skin: Tone \_\_\_\_\_ Rash \_\_\_\_\_ Boils \_\_\_\_\_ Other: \_\_\_\_\_

Unhealed wounds: \_\_\_\_\_

Remarks: \_\_\_\_\_

The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen St, Ste #2010, Sacramento, CA 95815, (916) 263-2195. All items of information are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application or result in your application being rejected as incomplete. The information provided will be used to determine your qualifications for licensure pursuant to Business and Professions Code Section 18640. The information on your application may be transferred to other governmental or law enforcement agencies. You have the right to review records maintained on you by the Athletic Commission unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Athletic Commission at the address above.

## EXAMINING PHYSICIAN:

Based on your personal observation and review of the test results and considering Commission rules, is it your medical opinion that this applicant is physically fit to be licensed and compete in combative sports?  Yes  No

If no, please explain: \_\_\_\_\_

LICENSED PHYSICIAN'S NAME (print) _____	MEDICAL LICENSE NO. _____	APPLICANT NAME (print) _____
ADDRESS / CITY / STATE / ZIP CODE _____		APPLICANT SIGNATURE _____
TELEPHONE NO. _____	DATE/TIME _____	PERSON WHO ASSISTED'S NAME (print) _____
PHYSICIAN'S SIGNATURE _____		PERSON WHO ASSISTED'S SIGNATURE _____

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