BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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

MRI REVIEW SUMMARY

Only a licensed physician who specializes in neurology or neurosurgery may conduct neurological examinations and complete this form. Please complete this form in its entirety.

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

This examination does not take the place of any other examination required by the California State Athletic Commission (Commission). It also does not take the place of any general physical examination, diagnosis, or medical treatment of the applicant. It is solely for the purpose of aiding the Commission in determining the *neurological condition of* the applicant and if he or she is fit to be licensed to compete in combative sports.

Only MRI scans conducted on a (at a minimum) 1.5 Tesla MR Machine are acceptable. The machine must be equipped with capabilities that include fast spin echo and FLAIR imaging. Image sequences should include axial T1, T2, FLAIR images and gradient echo axial; coronal images should be performed as a T2 coronal; and a single sagittal T1 sequence.

Only diagnostic reports that are performed on machines with these specifications are accepted by the Commission. If the examination was not conducted on a machine that meets these specifications, do not complete this form.

Full Name of applicant ____________________________ **Date of Birth** ______________________________

Date of MRI Diagnostic Report: ___________________ Date of this Summary: __________________________

Is the MRI examination within normal limits? **Yes** **No** If no, please explain: _______________________________________

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Is further referral or additional examinations necessary or recommended? **Yes** **No** If yes, please explain: _______________

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NOTICE TO PHYSICIAN: No clearance may be given by you to any applicant who has signs of or has suffered cerebral hemorrhage or any other serious head injury. Any such signs or observations must be reported to the Commission immediately. You may not clear an applicant to compete that demonstrates these signs or symptoms unless so instructed by the Commission.

Based on your personal medical opinion and considering Commission rules, is this applicant neurologically eligible to be licensed to compete and participate in combative sports? **Yes** **No** If no, please explain: ___________________________________

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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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