



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
BOXING

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 FORMS 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 attributes (Male/Female, Age, Date of Birth), weight class selection, and physical history questions.

PROFESSIONAL ATHLETE PHYSICAL EXAMINATION BOXING

APPLICANT NAME: _____

Professional Boxing Record: Wins: _____ Wins by KO/TKO/Submissions: _____ Losses: _____ Losses by KO/TKO/Submissions: _____	Amateur Boxing Record: Wins: _____ Wins by KO/TKO/Submissions: _____ Losses: _____ Losses by KO/TKO/Submissions: _____
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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: _____

EXAMINING PHYSICIAN:

Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

- **Decreased Muscle Strength and Endurance**
- **Electrolyte Problems**
- **Decreased Heart and Cardiovascular Function**
- **Mood Swings and Mental Changes**
- **Reduced Energy Utilization, Nutrient Exchange and Acidosis**
- **Blurred Vision and Dry Eyes**
- **Heat Illness**
- **Increased Risk of Brain Injury**
- **Decreased Kidney Function**

****It is the recommendation of the Advisory Committee for Medical and Safety Standards that an athlete not attempt to lose more than 10% of their normal or "walking" weight in order to compete.***

Physician Note: The below chart is for informational purposes only and specifically depicts Boxing weight classes.

10% Weight Loss Chart

10% of Normal Weight- Recommended Weight Class	MAXIMUM Recommended Normal "Walking" Weight
105 lbs.- Strawweight/Mini Flyweight	115.5 +1 lbs.
108 lbs.- Light Flyweight/Junior Flyweight	118.8 +1 lbs.
112 lbs.- Flyweight	123.2 +1 lbs.
115 lbs.- Super Flyweight/Junior Bantamweight	126.5 +1 lbs.
118 lbs.- Bantamweight	129.8 +1 lbs.
122 lbs.- Super Bantamweight/Junior Featherweight	134.2 +1 lbs.
126 lbs.- Featherweight	138.6 +1 lbs.
130 lbs.- Super Featherweight/Junior Lightweight	143.0 +1 lbs.
135 lbs.- Lightweight	148.5 +1 lbs.
140 lbs.- Super Lightweight/Junior Welterweight	154.0 +1 lbs.
147 lbs.- Welterweight	161.7 +1 lbs.
154 lbs.- Super Welterweight/Junior Middleweight	169.4 +1 lbs.
160 lbs.- Middleweight	176.0 +1 lbs.
168 lbs.- Super Middleweight	184.8 +1 lbs.
175 lbs.- Light Heavyweight	192.5 +1 lbs.
195 lbs.- Cruiserweight	214.5 +1 lbs.

**PROFESSIONAL ATHLETE PHYSICAL EXAMINATION
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APPLICANT NAME: _____

Based on your medical opinion is this athlete currently in a dehydrated state? **Yes** **No**

Based on your personal observation and review of the above stated Commission recommendation, is it your medical opinion that this applicant *is physically fit to compete in the disclosed, intended weight class*? **Yes** **No**

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:

The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen Street, Suite #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.

_____ 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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