



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.), and professional records (Professional Boxing Record, Amateur Boxing Record, Professional Mixed Martial Arts Record, Amateur Mixed Martial Arts Record).

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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