



## REFEREE PRE-FIGHT PHYSICAL (Rule 375)

EVENT DATE: \_\_\_\_\_ PROMOTER: \_\_\_\_\_ EVENT LOCATION: \_\_\_\_\_

### (1) TO BE COMPLETED BY THE REFEREE

Do you have any illness, disease, or other condition that may impair your ability to perform as a referee, including any recent major surgery, concussion, stroke, or other injury to the brain?

No  Yes If yes, describe \_\_\_\_\_

List all medications you are currently taking (over-the-counter or prescribed).

When was the last time you took any type of medication or drug? (State what type and when – be specific.)

Do you have uncorrected vision acuity of at least 20/100 in both eyes?  No  Yes

Do you have any eye problem that might impair your ability to perform as a referee?  No  Yes

Are you currently experiencing any chest pains or shortness of breath?  No  Yes

***I declare under penalty of perjury under the laws of the State of California that the above answers are true and correct.***

Print Full Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### (2) TO BE COMPLETED BY THE PHYSICIAN

Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_ Temp: \_\_\_\_\_

Pulse: Sitting \_\_\_\_\_ Standing \_\_\_\_\_

Blood Pressure: At rest \_\_\_\_\_; After 100 hops \_\_\_\_\_; After 2 minutes \_\_\_\_\_

Eyes: Right \_\_\_\_\_ Left \_\_\_\_\_

I have examined the above-named person and find his/her physically fit to referee in the boxing or martial arts event for the above date.

I have examined the above-named person and he/she has a condition that impairs his/her ability to perform as a referee and shall not be permitted to referee this event.

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

### COMMISSION PHYSICIAN CONDUCTING THIS EVALUATION:

NAME (print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_