



PHYSICAL EXAMINATION REPORT

UNARMED COMBATANT

Male Female

NAME	RINGNAME	(TELEPHONE)	DATE OF BIRTH
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)

PHYSICAL HISTORY: Has applicant had any of the following conditions:

- Fainting Spells Rupture (Hernia) Chest Pains Operations
- Shortness of Breath Swollen Joints Rheumatism Diabetes
- Frequent headaches Convulsions (fits) Chronic Cough Bleeding Disorder
- Spitting of Blood Cerebral Hemorrhage or any other serious head injury

Number of Knockouts received: _____ Date of last knockout: _____
 Longest duration of unconsciousness: _____
 Length of time before resuming combat after last knockout: _____
 Ever knocked unconscious in other sport or in any other way? Yes No
 If yes, explain: _____
 Amateur MMA Record: Wins _____ Losses _____ Draws _____
 Professional MMA Record: Wins _____ Losses _____ Draws _____
 Other Combat Record: Wins _____ Losses _____ Draws _____
 (Boxing, Kickboxing, or other full contact events)

PHYSICAL EXAMINATION:

General appearance: _____ Height: _____ Weight: _____ Temp: _____
 Disabling Scars: _____ Mouth: _____ Teeth: _____ Tonsils: _____ Neck: _____
 Pulse at rest: _____ Blood pressure at rest: _____
 Pulse after 100 hops: _____ Blood pressure after 100 hops: _____
 Blood pressure 2 minutes later: _____
 Enlarged Glands: Yes No Goiter: Yes No
 HEART: Pulse Rhythm Regular Irregular Apical impulse: Heavy Normal
 Enlargement Yes No Murmurs: Yes No
 LUNGS: Rails: Yes No
 BREASTS: Mass: Yes No Tenderness: Yes No
 ABDOMEN: Enlargement of Liver Yes No Enlargement of Spleen: Yes No
 Hernia Yes No Femoral _____ Inguinal _____ Ventral _____
 TESTICALS: Normal Yes No Remarks: _____
 PELVIC: Normal Yes No Remarks: _____
 REFLEXES: Pupils _____ Knee Jerks: _____ Romberg: _____ Babinski: _____
 SKIN: Rash _____ Boils _____ Any other unhealed wounds: _____

REMARKS: _____

SEROLOGY: The original lab report with applicant's name and date the tests were performed must be submitted. ALL tests must be negative to meet the requirements of the Burlington Brawl Event.

- (1): HIV
- (2): Hepatitis B Surface Antigen – If positive confirmation by Neutralization technique, In certain situations a Hepatitis B Core antibody test will be acceptable as confirmation
- (3): Hepatitis C Antibody – If positive confirmation by qualitative PCR (Polymerase Chain Reaction)

(SEE PAGE TWO)



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Eye History: Has applicant had any of the following conditions

- (1) Blurred Vision? ____Yes ____No
- (2) Surgical Procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye?
____Yes ____No
- (3) Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, or dislocated lens?
____Yes ____No

Eye Examination:

Vision without glasses: Right/Left ____/____ Vision with glasses: Right/Left ____/____ Visual Fields Right/Left ____/____

YOU MUST ALSO GO TO AN OPHTHALMOLOGIST FOR A DILATED EYE EXAMINATION OR HAVE PHYSICAN COMPLETE THE EYE EXAM ADDENDUM AND ATTACH TO THIS FORM.

EXAMINING PHYSICIAN – THE FOLLOWING SECTION MUST BE COMPLETED.

I have evaluated the above named athlete and ordered the requested exams (HIV, HEP B and HEP C EXAMS). Listed are any significant abnormalities either in my physical or the testing. Also listed are the steps I took to clarify any problems:

PLEASE CHECK ONE: I HAVE ____ HAVE NOT ____ MEDICALLY CLEARED TO FIGHT

LICENSED PHYSICANS NAME AND LICENSE NUMBER (PLEASE PRINT) _____ PHYSICIANS SIGNATURE _____

STREET ADDRESS _____ DATE _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

APPLICANT:

I declare under penalty of perjury under the laws of the State of Vermont, that the foregoing information is true & correct; further I realize that any intentional misrepresentation may result in disciplinary action against me.

I hereby authorize the Burlington Brawl representatives to RELEASE any and all information and/or personal information with respect to my status and licensure as a professional or amateur unarmed combatant which may be contained in the applicant's records. I further authorize the Burlington Brawl to release this information to any person(s) whom the Burlington Brawl determines has a need to know. I agree I will fully cooperate with the Burlington Brawl in making my medical history available including, but not limited to, giving oral or written reports to the commission regarding my medical condition, care and/or treatment.

I further RELEASE, PROMISE TO HOLD HARMLESS, and CONVENANT NOT TO SUE the Burlington Brawl on the basis of its attempts to obtain any of the foregoing information and I further RELEASE, PROMISE TO HOLD HARMLESS, and CONVENANT NOT TO SUE any persons, firms, institutions or agencies providing such information to representatives of the commission on the basis of its disclosures. I have signed this release voluntarily and of my own free will. I further agree that a photographic copy of this Authorization will be as valid as the original.

DATE _____ SIGNATURE OF APPLICANT _____

LOCATION _____ NAME (PRINTED) _____