NEW JERSEY STATE ATHLETIC CONTROL BOARD
P.O. BOX 180 TRENTON NJ 08625
PHONE 609-292-0317 FAX 609-341.5038
PROFESSIONAL COMBATIVE SPORTS CONTESTANT PHYSICAL EXAMINATION

Contestant Name: _____

Street Address: _____ City _____ State _____ Zip _____

Phone: _____ Date of Birth: _____

I certify that I have examined the above named contestant on _____ and have found him/her to be medically cleared to engage in an professional combative sport competition.

Physician Name (printed): _____
Physician Signature: _____

Physician Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Physician's License Number: _____

CONTESTANT EXAMINATION:

Height: _____
Weight: _____
Sex: _____

Blood Pressure: _____
Pulse: _____

Temperature: _____

Blood Type: _____

Allergies:

Medications:

Any enlarged glands:

Ears - Otoscopy:

Mouth Pharynx:

Lungs:

Heart:

Must include check for Murmurs:

Abdomen:

Abdominal Palpation:

Hernias:

Enlargement of Liver:

Enlargement of Spleen:

Testis:

NEUROLOGICAL:

Knee Jerk:

Babinski:

Rhomberg:

Finger to nose:

Gait:

Brudzinski:

Cranial Nerves:

Bicep Jerks:

UPPER EXTREMITIES:

Hands:

Wrist:

Elbows:

Shoulder:

Lower Extremities:

Skin:

Open or Superlative lesions:

Rashes:

Any unhealed cuts:

Any indications of active renal disease:

PHYSICAL HISTORY:

Chest Pains:

Fainting Spells:

Chest Palpitations:

Hemoptysis or Vomiting of Blood

Shortness of Breath

Frequent Headaches:

Convulsions:

Past Head Injury or Concussions:

Operations:

Diabetes:

Unconsciousness from training or competing: