

GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION
2 MARTIN LUTHER KING JR DR
SUITE 802, WEST TOWER
ATLANTA GA 30334
TELEPHONE (470) 312-2702 FACSIMILE (470) 312-2701

**COMPREHENSIVE
PHYSICAL EXAMINATION REPORT
PROFESSIONAL BOXER/UNARMED COMBATANT
MALE FEMALE**

_____/_____/_____
Name Ring Name (Telephone) Date of Birth

Address (street) (city) (state) (zip code)

PHYSICAL HISTORY: Has applicant ever 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 boxing after last knockout _____

Ever knocked unconscious in other sport or in any other way ? Yes No
If yes, explain _____

Does the applicant have a history of seizures? _____

If so, when was the last time the applicant had a seizure? _____

Does the Applicant have a history of high blood pressure? _____

If so, do they have a primary care physician? _____ Is the high blood pressure under control? _____

Amateur boxing record Wins _____ Losses _____ Draws _____

Professional boxing record Wins _____ Losses _____ Draws _____

PHYSICAL EXAMINATION:

General appearance _____ Height _____ Weight _____ Temperature _____

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: Rales Yes No

Breasts: Mass Yes No Tenderness Yes No

Discharge Yes No

Abdomen: Enlargement of liver Yes No Enlargement of Spleen Yes No

Hernia Yes No Femoral Inguinal Ventral

Testicles: Normal Yes No Remarks: _____

Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____

Skin: Rash _____ Boils _____ Any other unhealed wounds: _____

ADDITIONAL REQUIREMENTS FOR AN APPLICANT WHO NEEDS SPECIAL PERMISSION FROM THE COMMISSION:

1. Electrocardiogram (attach tracings, if required by doctor)

2. SEROLOGY: The original lab report with applicant's name and date the tests were performed must be submitted.

All tests must be within normal limits to meet the Georgia licensing requirements.

A. HIV

B. Hepatitis B Surface Antigen - - If positive confirmation by Neutralization technique. In certain situations a Hepatitis B Core Antibody test will be acceptable as confirmation.

C. Hepatitis C Antibody - If positive confirmation by qualitative PCR (polymerase chain reaction)

D. CBC _____

E. Chemistry panel including - Electrolytes _____ Creatinine _____ Liver function _____

PHYSICAL EXAMINATION COMPREHENSIVE REPORT - PAGE TWO

EYE HISTORY: Has applicant ever 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

YOU MUST ALSO GO TO AN OPHTHALMOLOGIST FOR A DILATED EYE EXAMINATION

EXAMINING PHYSICIAN: - The following section must be completed.

I have evaluated the above named athlete and ordered the requested exams.

Listed are any significant abnormalities either in my physical or the testing. Also listed are the steps I took to clarify any problem.

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

LICENSED PHYSICIAN'S NAME AND LICENSE NUMBER (please print)

PHYSICIAN'S SIGNATURE

STREET ADDRESS

DATE

CITY

STATE

ZIP CODE

()

PHONE NUMBER

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

I hereby AUTHORIZE the Georgia Athletic and Entertainment Commission of the State of Georgia (the "Commission"), to RELEASE any and all medical information and/or personal information with respect to my status and licensure as a professional unarmed combatant which may be contained in any of the Commission's records. I further authorize the Commission to release this information to any person whom the Commission determines has a need to know. I agree that I will fully cooperate with the Commission 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 COVENANT NOT TO SUE the Commission on the basis of its attempts to obtain any of the foregoing information, and I further RELEASE, PROMISE TO HOLD HARMLESS, and COVENANT 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 shall be valid as the original.

DATE

SIGNATURE OF APPLICANT

LOCATION

NAME PRINTED

Georgia Athletic and Entertainment Commission

MRI/MRA Requirements

MRI of Brain without contrast

MRI scan is to be performed on a 1.5 Tesla MR machine with capabilities including fast spin echo and FLAIR imaging.

Image sequences should include axial T1, T2, and FLAIR images; coronal images should be performed as a T2 coronal; and a single sagittal T1 sequence.

MRA of Brain

MRA scan is to include left and right internal carotids, vertebral and basilar arteries as well as the Circle of Willis.

Pursuant to NAC 467.027 the MRI/MRA requirements are listed above. Please take this notice to the radiologist to perform the tests to our specifications.

Please have the radiologist fax immediate reports to the Georgia Athletic and Entertainment Commission at 404-463-3480 and Dr.???????, Ringside Physician for GAEC

If possible, please place images on a CD and forward to the Georgia Athletic and Entertainment Commission, 2 Martin Luther King Jr. Dr. Suite 802, West Tower Atlanta GA 30334

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