



PROFESSIONAL ATHLETE PHYSICAL EXAMINATION MIXED MARTIAL ARTS

*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

Last Name	First Name	Middle Name
Address:		
Street (No PO BOX)	City	State
		Zip Code
Telephone number:	Email:	
Male / Female (circle one)	Age:	Date of Birth: (MM / DD / YYYY):

Please Specify the LOWEST Weight Class you INTEND to compete in:

<p><u>MALES</u></p> <input type="checkbox"/> Flyweight: through 125 lbs. <input type="checkbox"/> Bantamweight: 125.1-135 lbs. <input type="checkbox"/> Featherweight: 135.1-145 lbs. <input type="checkbox"/> Lightweight: 145.1-155 lbs. <input type="checkbox"/> Welterweight: 155.1-170 lbs.	<input type="checkbox"/> Middleweight: 170.1-185 lbs. <input type="checkbox"/> Light Heavyweight: 185.1-205 lbs. <input type="checkbox"/> Heavyweight: 205.1-265 lbs. <input type="checkbox"/> Super Heavyweight: 265.1 lbs.+	<p><u>FEMALES</u></p> <input type="checkbox"/> Atomweight: 96-105 lbs. <input type="checkbox"/> Strawweight: 105.1-115 lbs. <input type="checkbox"/> Flyweight: 115.1-125 lbs. <input type="checkbox"/> Bantamweight: 125.1-135 lbs. <input type="checkbox"/> Featherweight: 135.1-145 lbs.
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PHYSICAL HISTORY: Please check all that applies below: **Asthma** **Blood in urine** **Allergies**

Fainting spells Rupture (hernia) Chest pains Operations Shortness of breath Swollen joints

Rheumatism Diabetes Frequent headaches Convulsions (fits) Chronic cough Spitting of blood

Cerebral hemorrhage or serious head injury Yes No If yes, please explain: _____

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

2. Have you ever undergone any type of surgery? Yes No (If yes, state what type and when and be specific):

3. When was the last time you took any type of vitamin supplement? (State what type and when and be specific):

4. Have you ever missed your contracted weight for a professional fight? Yes No If yes, when and by what amount was the weight missed by (in pounds)? _____

5. Have you ever been hospitalized for weight cutting or dehydrations issues? Yes No

6. What is the maximum amount of weight you have cut for a bout (in pounds)? _____

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APPLICANT NAME: _____

Professional Mixed Martial Arts Record: Wins: _____ Wins by KO/TKO/Submissions: _____ Losses: _____ Losses by KO/TKO/Submissions: _____	Amateur Mixed Martial Arts Record: Wins: _____ Wins by KO/TKO/Submissions: _____ Losses: _____ Losses by KO/TKO/Submissions: _____
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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: _____

EXAMINING PHYSICIAN:

Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. One recent study found that 39% of MMA fighters were entering competition in a dehydrated state. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

- **Decreased Muscle Strength and Endurance**
- **Decreased Heart and Cardiovascular Function**
- **Reduced Energy Utilization, Nutrient Exchange and Acidosis**
- **Heat Illness**
- **Decreased Kidney Function**
- **Electrolyte Problems**
- **Mood Swings and Mental Changes**
- **Blurred Vision and Dry Eyes**
- **Increased Risk of Brain Injury**

****It is the recommendation of the Advisory Committee for Medical and Safety Standards that an athlete not attempt to lose more than 10% of their normal or "walking" weight in order to compete.***

Physician Note: The below chart is for informational purposes only and specifically depicts Mixed Martial Arts weight classes.

10% Weight Loss Chart- MALE		10% Weight Loss Chart- FEMALE	
10% of Normal Weight- Recommended Weight Class	MAXIMUM Recommended Normal "Walking" Weight	10% of Normal Weight- Recommended Weight Class	MAXIMUM Recommended Normal "Walking" Weight
• 125 lbs.- Flyweight	• 137.5+1 lbs.	• 105lbs- Atomweight	• 115.5+1 lbs.
• 135 lbs. Bantamweight	• 148.5+1 lbs.	• 115lbs.- Strawweight	• 126.5+1 lbs.
• 145 lbs. Featherweight	• 159.5+1 lbs.	• 125 lbs.- Flyweight	• 137.5+1 lbs.
• 155 lbs. Lightweight	• 170.5+1 lbs.	• 135 lbs.- Bantamweight	• 148.5+1 lbs.
• 170 lbs. Welterweight	• 187+1 lbs.	• 145 lbs.- Featherweight	• 159.5+1 lbs.
• 185 lbs. Middleweight	• 203.5+1 lbs.		
• 205 lbs. Light Heavyweight	• 225.5+1 lbs.		
• 265 lbs. Heavyweight	• 291.5+1 lbs.		

Based on your medical opinion is this athlete currently in a dehydrated state? **Yes No**

Based on your personal observation and review of the above stated Commission recommendation, is it your medical opinion that this applicant *is physically fit to compete in the disclosed, intended weight class*? **Yes No**

Based on your personal observation and review of the test results and considering Commission rules, is it your medical

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MIXED MARTIAL ARTS**

APPLICANT NAME: _____

opinion that this applicant *is physically fit to be licensed and compete in combative sports?* **Yes** **No**

If no, please explain: _____

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.

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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