

DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

CALIFORNIA STATE ATHLETIC COMMISSION

2005 Evergreen Street, Suite 2010 | Sacramento, CA 95815

Phone: (916) 263-2195 | Fax: (916) 263-2197 Website: <u>www.dca.ca.gov/csac</u> | Email: <u>csac@dca.ca.gov</u>



PROFESSIONAL ATHLETE PHYSICAL EXAMINATION **KICKBOXING**

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:						
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Street (No PO BOX) Telephone number:	City Ema	State	Zip Code	Country		
relephone number.	□IIIa	III.				
Mala / Famala	Age:		Date of Birth:			
Male / Female (circle one)			(MM / DD / YYYY):			
(circle one)						
PHYSICAL HISTORY: Please check a	all that applies below:	Asthma Bl	ood in urine Allergies			
Fainting spells Rupture (hernia)	Chest pains Oper	ations Shortness	of breath Swollen joints			
Rheumatism Diabetes Frequent	headaches Convuls	sions (fits) Chron	ic cough Spitting of blood			
Cerebral hemorrhage or serious h	ead injury If yes, ple	ease explain:				
When was the last time you took any type of medication or drug? (State what type and when and be specific):						
Have you ever undergone any type of surgery? Yes No (State what type and when and be specific):						
Have you ever undergone any type of	or surgery? Tes No	(State what type a	nd when and be specific):			
When was the last time you took any type of vitamin supplement? (State what type and when and be specific):						
Timon has the last time you took any type of Thamin supplement: (State what type and when and be specific).						
Professional Boxing Record:		Professional Mixe	ed Martial Arts Record:			
Wine: Wine by KO/TKO:	Lagger	Mino	Wine by KO/TKO/Submissio	201		
Wins: Wins by KO/TKO:	Losses:	vvins:	_ Wins by KO/TKO/Submissio	ns:		
Losses by KO/TKO:		Losses:	Losses by KO/TKO/Submission	ons:		
			Leaded by Ite, Ite, east meet			
Amateur Boxing Record: Amateur Mixed Martial Arts Record:						
N// 1/20/7/20		NAC.	W. 1 KO/EKO/O 1			
Wins: Wins by KO/TKO:	Losses:	vvins:	_ Wins by KO/TKO/Submissio	ns:		
Losses by KO/TKO:		Losses.	Losses by KO/TKO/Submission	nne.		
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PROFESSIONAL ATHLETE PHYSICAL EXAMINATION

APPLICANT NAME:	

General appearance:	PHYSICAL EXAMINATION:						
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 Remarks: Reflexes: Pupils Knee jerks Romberg Babinski Skin: Tone Rash Boils Other: Unhealed wounds: Remarks: The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen Stin: Tone Rash Boils Other: Unhealed wounds: Remarks: The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen Information provided will be used to determine your qualifications for ilicensure pursuant to Business and Professions Code Section 18840. 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 by contacting the Athletic Commission at the address above. EXAMINING PHYSICIAN: Based on your personal observation and review of the test results and considering Commission rules, is it your medical opinion that this applicant is physically fit to be licensed and compete in combative sports? Yes No If no, please explain: LICENSED PHYSICIANS 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)	General appearance: Height:	Weight:					
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 Remarks: Reflexes: Pupils Knee jerks Romberg Babinski Skin: Tone Rash Boils Other: Unhealed wounds: Remarks: The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen Stin: Tone Rash Boils Other: Unhealed wounds: Remarks: The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen Information provided will be used to determine your qualifications for ilicensure 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. EXAMINING PHYSICIAN: Based on your personal observation and review of the test results and considering Commission rules, is it your medical opinion that this applicant is physically fit to be licensed and compete in combative sports? Yes No If no, please explain: LICENSED PHYSICIANS 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)	Temperature: Disabling scars: Mout	h: Teeth: Tonsils:					
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 Remarks: Reflexes: Pupils Knee jerks Romberg Babinski Skin: Tone Rash Boils Other: Unhealed wounds: Remarks: The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen Stin: Tone Rash Boils Other: Unhealed wounds: Remarks: The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen Information provided will be used to determine your qualifications for ilicensure pursuant to Business and Professions Code Section 18840. 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 by contacting the Athletic Commission at the address above. EXAMINING PHYSICIAN: Based on your personal observation and review of the test results and considering Commission rules, is it your medical opinion that this applicant is physically fit to be licensed and compete in combative sports? Yes No If no, please explain: LICENSED PHYSICIANS 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)	Neck: Pulse at rest: Pulse after 100 hop	os:					
Irregular Murmurs: Yes No	Blood pressure at rest: After 100 hops: Enlarged glands: Yes No Goiter: Yes No	2 minutes later: Heart: Pulse rhythm (circle one) Regular					
Murmurs: Yes No Apical impulse (circle one): Heavy Normal Enlargement: Yes No Lungs: Rales Yes No Abdomen: Enlargement of liver Yes No Breasts: Mass Yes No Hernia: Yes No Tenderness Yes No Remarks: Reflexes: Pupils Normal Fallargement of Spleen: Yes No Hernia: Yes No Remarks: Reflexes: Pupils Knee jerks Romberg Babinski Skin: Tone Rash Boils Other: Unhealed wounds: Remarks: The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen St, Sie #2010, Sacramento, CA 95815, (916) 283-2195. All items of information are mandatory, none are voluntary. Failure to provide any of the requested information on your application on or result in your application on your application on you application on you application 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 and review of the test results and considering Commission rules, is it your medical opinion that this applicant is physically fit to be licensed and compete in combative sports? Yes No If no, please explain: LICENSED PHYSICIAN: Ballargement of Spelen: Yes No Determines Yes No Determi							
Apical impulse (circle one): Heavy Normal Enlargement: Yes No Tenderness Yes No Abdomen: Enlargement of liver Yes No Breasts: Mass Yes No Tenderness Yes No Incheries Yes No Discharge Yes No No Hernia: Yes No Hernia: Yes No Testicles: Normal Repair Yes No Hernia: Yes No Hernia		tem:					
Abdomen: Enlargement of liver	Apical impulse (circle one): Heavy Normal Enlargeme	ent: Yes No Lungs: Rales Yes No					
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Testicles: Normal Yes No Remarks: Reflexes: Pupils Knee jerks Romberg Babinski	<u> </u>						
Reflexes: Pupils Knee jerks Boils Other:	Testicles: Normal Yes No	•					
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PHYSICIAN'S SIGNATURE PERSON WHO ASSISTED'S SIGNATURE	PHYSICIAN'S SIGNATURE	PERSON WHO ASSISTED'S SIGNATURE					

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