Iowa Fighter Pre-Bout Physical Form

Iowa Division of Labor
Athletic Commission
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Form must be filled out prior to physical exam

Event Date: _____

Promoter: _____

Event Location: _____

Event City: _____

Record: Win _____ Loss _____ D _____

Opponent: _____

Fighter Information

Legal Name	Date of Birth	Fight Name	
Address	City	State	Zip
Phone Number	Emergency Contact	Phone Number	

Have you ever been advised not to fight by a healthcare professional? ☐ Yes ☐ No
If yes, explain:

Do you have any medical conditions (diabetes, asthma, heart condition, etc.)? ☐ Yes ☐ No
If yes, explain:

Have you had any previous surgeries? ☐ Yes ☐ No
If yes, explain:

Have you ever been hospitalized? ☐ Yes ☐ No
If yes, explain:

Do you wear contact lenses? ☐ Yes ☐ No	Have you had a recent fracture or dislocation? ☐ Yes ☐ No If yes, date:
Have you been knocked unconscious? ☐ Yes ☐ No If yes, date:	Have you ever had a head injury or concussion? ☐ Yes ☐ No If yes, date:
Fighter's Signature	Date

To be Completed by Physician Before Fight

Height	Weight	Blood Pressure	Pulse
Overall Appearance ☐ Normal ☐ Abnormal	Eyes ☐ Normal ☐ Abnormal	Ears ☐ Normal ☐ Abnormal	Nose ☐ Normal ☐ Abnormal
Skin ☐ Normal ☐ Abnormal	Upper Extremities ☐ Normal ☐ Abnormal	Abdomen ☐ Normal ☐ Abnormal	Cervical Exam ☐ Normal ☐ Abnormal
Lungs ☐ Clear ☐ Restricted	Heart ☐ Normal ☐ Abnormal	Heal Walk ☐ Normal ☐ Abnormal	Toe Walk ☐ Normal ☐ Abnormal
Coordination Exam ☐ Normal ☐ Abnormal	Any reason to bar this contestant from this match? ☐ Yes ☐ No If yes, explain:		

I find this fighter to be in good physical condition and able to compete on _____ .
(date of event)

_____

Physician's Printed Name Physician's Signature Date

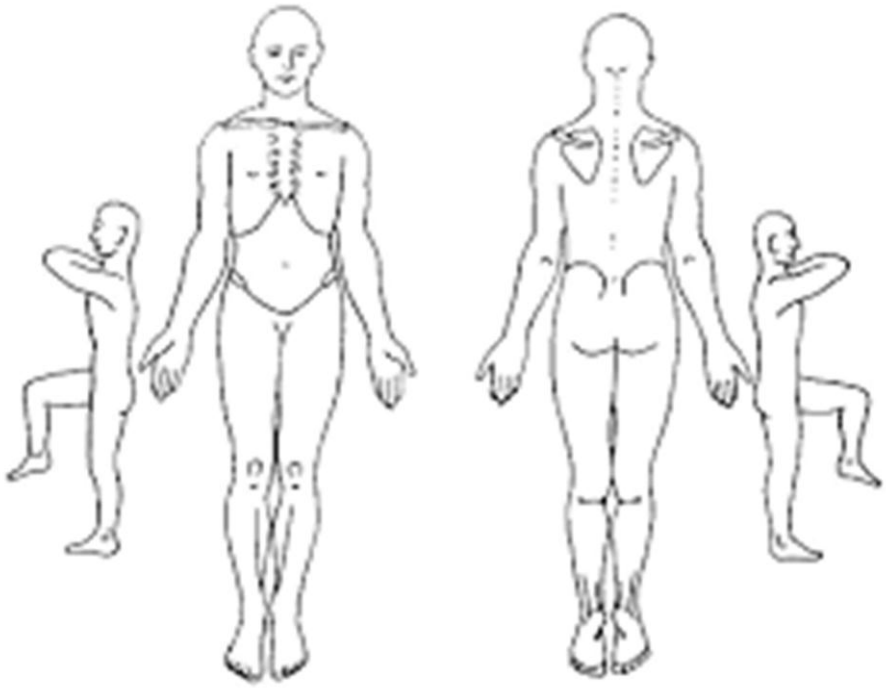
To be Completed by Physician After Fight

Obvious injuries or complaints: _____

_____

☐ Win

☐ Loss



Loss of Consciousness? ☐ Yes ☐ No

Gait Steady? ☐ Yes ☐ No

Alert? ☐ Yes ☐ No

Eyes Normal? ☐ Yes ☐ No

Oriented? ☐ Yes ☐ No

N1 Speech? ☐ Yes ☐ No

Return to N1 after _____ Minutes _____ Seconds

Fractures? ☐ Yes ☐ No If yes, explain: _____

Procedures performed by ringside medical personnel: _____

_____

Post Fight Medical Suspensions or Recommendations

Suspension: ☐ None ☐ 7 days (minimum) - Date lifted: _____ ☐ 14 days - Date lifted: _____

☐ 30 days - Date lifted: _____ ☐ Other: _____

Mandatory referral: ☐ None ☐ Emergency room ☐ Other: _____

Medical release required to fight again: ☐ Yes ☐ No

_____

Medical personnel printed name Signature Date Time

Fighter's Signature: _____