

OREGON STATE ATHLETIC COMMISSION  
3400 State St. Ste. G-750  
Salem OR, 97301  
TELEPHONE: 503-378-8739 FAX: 503-378-6878

REPORT OF EYE EXAM BY OPHTHALMOLOGIST OR OPTOMETRIST

**PROFESSIONAL BOXER**

Name:	Ring Name:
Home Address:	City: State: Zip:
Date of Birth:	Age:

History: If possible, provide the following information:

Amateur Boxing: From: \_\_\_\_\_ To: \_\_\_\_\_

Professional Boxing: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Professional Fights: Won: \_\_\_\_\_ Lost: \_\_\_\_\_

Number of times KO'd as Professional Boxer (include TKO) \_\_\_\_\_ Date of last KO \_\_\_\_\_

Any eye injuries: \_\_\_\_\_ Any eye medications: \_\_\_\_\_ If so, name medication: \_\_\_\_\_

Have you ever had any Retina Surgery or Laser Treatment of the eye? \_\_\_\_\_

Have you ever had Refractive Surgery or Laser Correction of your vision? \_\_\_\_\_

If so, explain: \_\_\_\_\_

Name and address of any Eye Physicians who have treated your eyes:

Use extra paper if necessary: \_\_\_\_\_

I \_\_\_\_\_ certify (or declare) under penalty of perjury, that the foregoing history is true and correct. Further, I realize that any misstatement in said history may result in disciplinary action.

\_\_\_\_\_  
*Signature of Applicant*

**OPHTHALMOLOGIST EXAM:**

Vision with naked eye:

Vision with glasses (contact lens):

**RIGHT EYE**

**LEFT EYE**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Abnormalities in:

Conjunctiva or Eyelids:

Eye Muscles or Strabismus:

Cornea; Lens:

Anterior Chamber; Chamber Angle (include Gonioscopy):

Vitreous:

Peripheral Retina:

Macula:

Optic Nerve:

Visual Fields (Goldman III 4e or equivalent):

Eye Pressure, mm. Hg. (list test):

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\_\_\_\_\_

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Physician's remarks on any abnormal findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EYE TEST QUESTIONS	PASS	FAIL	BOXING COMMISSION REVIEW
Visual acuity better than 20/100 in each eye without correction. (Disqualified if uncorrected VA is 20/100 or worse in either eye).			
Visual acuity 20/40 or better <b>with</b> correction in <b>each eye</b> . If vision <b>with correction</b> is <b>less</b> than 20/40 in <b>one</b> eye, eligibility will be determined on case-by-case review by the Boxing Commission. If visual acuity is less than 20/40 with correction in both eyes, then he is not eligible for boxing privileges.			
Peripheral visual field (Goldman III 4e or <u>equivalent</u> ) at least 40 in all meridians in each eye. If visual fields less than 20 in either eye, he is <b>not</b> qualified to box. Visual field restrictions less than 40 but greater than 20 will be reviewed on a case-by-case basis.			
No untreated retinal detachment or pre-detachment peripheral retina pathology (horseshoe tear, etc.).			
At least 30 days has passed following successful treatment of pre-detachment retinal pathology (horseshoe tears).			
At least 60 days must have passed following successful treatment of retinal detachment.			
All cases of treated pre-detachment retinal pathology and retinal detachment will be reviewed will be received by the Boxing Commission.			

OCULAR EXAM RESULTS:

\_\_\_\_\_ Appears to Pass Eye Exam  
 \_\_\_\_\_ Appears to Fail Eye Exam Because: \_\_\_\_\_  
 \_\_\_\_\_ Needs to be Case-By-Case Review by Boxing Commission because: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Physician's Name & License #

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

**SUBMIT REPRORTS TO:**

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