

Fight# _____
Red Blue

**Oregon State Athletic Commission
Pre/Post-Fight Physical Examination Record**

Date: _____ **Event:** _____
Fighter Name: _____ **Opponent:** _____
Record: W: _____ L: _____ D: _____

Have you ever been knocked out? Yes No **If yes, please provide details:**

Pre-Fight Physical Examination

Height: _____ **Weight:** _____ **Blood Pressure:** _____ / _____ **Pulse:** _____

Medical Problems: None _____
Medications: None _____
Medical Allergies: None _____
Recent Illnesses: None _____
Head and Neck: None _____
Lungs: None _____
Heart: None _____
Abdomen: None _____
Bone Structure: None _____
Skin: None _____
Surgical History: _____
Social History: _____

Authorized to Fight: Yes No **Signed:** _____

Post-Fight Examination

Obvious injuries or complaints: _____

Loss of Consciousness: _____

Alert: Yes No Oriented: Yes No Gait Steady: Yes No
N1 Speech: Yes No Eyes Normal: Yes No Fractures: Yes No
Return to N1 after _____ Minutes
Procedures Performed by Ringside Medical Personnel: _____

OSAC Post-Fight Medical Suspension/Recommendations

Suspension: 7 days (Minimum) _____
 14 days _____
 30 days _____
 Other _____ days _____
Mandatory Referral: Emergency Room Other: _____
 Medical release required to fight again: _____

Medical Personnel

Date

Fighter Name