# Oregon State Athletic Commission

## Pre/Post Fight Physical Examination Record

**Fighter Name:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Event Name:</th>
<th>Age:</th>
<th>Record: W L D</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Last Fight:</th>
<th>Have you ever been Knocked out?</th>
<th>Provide Details:</th>
</tr>
</thead>
</table>

## Pre-Fight Physical Examination

<table>
<thead>
<tr>
<th>Height: Ft</th>
<th>In</th>
<th>Weight: lbs</th>
<th>Blood Pressure: /</th>
<th>Pulse:</th>
</tr>
</thead>
</table>

**Medical Problems:**

- [ ] None

**Medications:**

- [ ] None

**Medical Allergies:**

- [ ] None

**Recent Illnesses:**

- [ ] None

**Head and Neck:**

- [ ] WNL

**Lungs:**

- [ ] WNL

**Heart:**

- [ ] WNL

**Abdomen:**

- [ ] WNL

**Bone Structure:**

- [ ] WNL

**Skin:**

- [ ] WNL

**Surgical History:**

**Social History:**

- Tobacco: Packs Per Day: __
- Alcohol: __
- Drug Use: __

I attest to the accuracy and the truthfulness of the information I have provided during this examination:

**Fighters Signature:**

**Authorized to Fight:**

- [ ] Yes
- [ ] No

**Medical Personnel:**

## Post-Fight Examination

**Injuries or Complaints:**

**Loss of Consciousness:**

- Alert: [ ] Yes [ ] No
- Oriented: [ ] Yes [ ] No
- Gait Steady: [ ] Yes [ ] No
- Eyes Normal: [ ] Yes [ ] No

**Obvious Fractures:**

- [ ] Yes

**Normal Speech:**

- [ ] Yes [ ] No

**Return to normal after** Minutes

**Notes:**

## OSAC Post-Fight Medical Suspension/Instructions

**Fighter’s Name:**

**Suspension:**

- [ ] 7 days (Minimum)
- [ ] ___ days
- [ ] 30 days [ ] 60 days

**Mandatory Referral:**

- [ ] Emergency Room
- [ ] Medical Release Required to Fight Again

**Medical Personnel**

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

IMPORTANT INFORMATION AFTER YOUR FIGHT

If you experience any of the following symptoms, you should go to the nearest Emergency Department for evaluation.

- Vomiting
- Sleepiness
- Confusion or loss of memory
- Vision difficulty
- Severe headaches
- Suspected broken bones
- Trouble with balance or coordination

After your fight you should be escorted to your next location or monitored by someone that can assist you.

You should not take any sleeping medications such as Tylenol PM, Aspirin, Sedatives, Tranquillizers, Antihistamines, or any other sedating medication, alcoholic beverages, or drugs for a period of 48 hours after your fight.

Be aware that symptoms of potentially serious head injury may take several days to develop, but are still important to monitor.

Post-Fight Examination

Injuries or Complaints: ____________________________________________________________

Loss of Consciousness:

Alert: □ Yes □ No    Oriented: □ Yes □ No    Gait Steady: □ Yes □ No    Eyes Normal: □ Yes □ No

Obvious Fractures: □ Yes □ No     Normal Speech: □ Yes □ No    Return to normal after ______ Minutes

Notes: ____________________________________________________________

OSAC Post-Fight Medical Suspension/Instructions

Fighter’s Name: ________________________________________________________________

Suspension: □ 7 days (Minimum) □ _____ days □ 30 days □ 60 days

□ No Contact Training for _____ Days

Mandatory Referral: □ Emergency Room □ Other: _______________________________ □ Medical Release Required to Fight Again

______________________________________    ________________________________
Medical Personnel                                  Date