



OREGON STATE POLICE

Oregon State Athletic Commission

4190 Aumsville Hwy SE

Salem OR 97317

TELEPHONE: 503-378-8739

FAX: 503-378-2530



REPORT OF EYE EXAM

Name: _____ Other Names Used: _____

Home Address: _____ City: _____ State: _____ Date of Birth: _____

History: Please provide the following information:

Amateur Boxing: From: _____ To: _____

Professional Boxing: From: _____ To: _____

Total Professional Fights: Wins: _____ Losses: _____

Number of KO's as a Professional Boxer (include TKO): _____ Date of last KO: _____

Any eye injuries: _____ Any eye Medications: _____ If so, name medication: _____

Have you ever had Retina Surgery or Laser Eye Treatment? _____

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.

Applicant Signature _____

Date: _____

EYE EXAM:	RIGHT EYE	LEFT EYE
Vision with naked eye:	_____	_____
Vision with glasses (contact lens):	_____	_____
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 (List test):	_____	_____
Eye Pressure, mmHg. (List test):	_____	_____

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 with correction in each eye. If vision with correction is less than 20/40 in one 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 at least 40 in all meridians in each eye. If visual fields less than 20 in either eye, he is not 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.			

EYE EXAM RESULTS:

- Appears to Pass Eye Exam
- Appears to Fail Eye Exam Because: _____
- Needs a Case-By-Case Review by the Boxing Commission because: _____

Physician's Name & License#

Physician's Signature

Street Address

Date

City State Zip

Phone Number

SUBMIT REPORTS TO:

Oregon State Athletic Commission
4190 Aumsville Hwy SE
Salem OR 97317

TELEPHONE: 503-378-8739

FAX: 503-378-2530