



OREGON STATE POLICE
Oregon State Athletic Commission

500 Airport Rd SE
Salem OR
TELEPHONE: 503-871-5091
FAX: 503-540-1440



PRE-FIGHT NEUROLOGICAL EVALUATION FORM

(Form must be completed by a neurologist or neurosurgeon)

NAME: _____ **DATE:** _____

AGE: _____ **HANDED:** **RIGHT** _____ **LEFT** _____

YEARS BOXING: _____ **FIGHT RECORD:** _____ **LAST FIGHT:** _____

OCCUPATION: _____

COMMENTS: _____

NEUROLOGICAL EXAMINATION:

VITAL SIGNS: **BP:** _____/_____
PULSE: _____ **HEIGHT:** _____ **WEIGHT:** _____

MENTAL STAUTS EXAM: ☐ **NORMAL** ☐ **ABNORMAL**

CRANIAL NERVES: ☐ **NORMAL** ☐ **ABNORMAL**

MOTOR EXAM: ☐ **NORMAL** ☐ **ABNORMAL**

DTR EXAM: ☐ **NORMAL** ☐ **ABNORMAL**

CEREBELLAR: ☐ **NORMAL** ☐ **ABNORMAL**

SENSORY EXAM: ☐ **NORMAL** ☐ **ABNORMAL**

GAIT EXAM: ☐ **NORMAL** ☐ **ABNORMAL**

COMMENTS: _____

THE FIGHTER: ☐ **IS** ☐ **IS NOT** **MEDICALLY CLEARED TO PARTICIPATE**

Physicians Name: _____

Physician Signature: _____

Address: _____ **City:** _____

State: _____ **Country:** _____ **Zip:** _____

Phone: _____ **Fax:** _____