



OREGON STATE POLICE
Oregon State Athletic Commission
500 Airport Rd SE
Salem OR
TELEPHONE: 503-871-5091
FAX: 503-540-1440



PRE-FIGHT BRAIN MRI INTERPRETATION FORM

NOTE: Only a licensed radiologist, neurologist or neurosurgeon may complete this form

NAME: _____ **EXAM DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **COUNTRY:** _____

PHONE: _____ **DATE OF BIRTH:** _____

TYPE OF MRI CONDUCTED? _____

***IS THIS MRI EXAMINATION WITHIN NORMAL LIMITS?** ☐ YES ☐ NO

IS FURTHER REFERRAL OR EXAMINATION NEEDED? ☐ YES ☐ NO

IF SO, FURTHER RECOMMENDATIONS INCLUDE:

BASED ON THIS MRI, THE FIGHTER:

☐ IS ☐ IS NOT **MEDICALLY CLEARED TO PARTICIPATE**

Physicians Name: _____

Physician Signature: _____

Address: _____ **City:** _____

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

Phone: _____ **Fax:** _____

***PLEASE INCLUDE A COPY OF THE ACTUAL MRI EXAMINATION REPORT WITH THIS FORM**