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

PRE-FIGHT ELECTROCARDIOGRAM (EKG) INTERPRETATION FORM

NAME:_____ EXAM DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____

PHONE: _____ DATE OF BIRTH: _____

EKG INTERPRETATION:

☐ **WITHIN NORMAL LIMITS**

IF NOT WITHIN NORMAL LIMITS, PLEASE REPORT ABNORMALITIES BELOW:
(CHECK ALL THAT APPLY)

☐	**NSR**	☐	**LAD**
☐	**Sinus Brady**	☐	**LBBB**
☐	**Sinus Tachycardia**	☐	**Incomplete RBBB**
☐	**Sinus Arrest**	☐	**RBBB**
☐	**Sinus Arrhythmia**	☐	**LVH**
☐	**S-A Block**	☐	**LVH with Strain**
☐	**SVT**	☐	**RVH**
☐	**PAC's**	☐	**RVH with Strain**
☐	**A-Fib**	☐	**Cor Pulmonale**
☐	**A-Flutter**	☐	**Acute Infarct**
☐	**Junctional Rhythm**	☐	**Infarct - Recent**
☐	**PVC's**	☐	**Infarct - Old**
☐	**V-Tach**	☐	**Ischemic T-wave Abn**
☐	**V-Fib**	☐	**Non-Specific T-wave Abn**
☐	**V-Arrhythmia**	☐	**Non-Specific S-T Segment Abn**
☐	**1° A-V Block**	☐	**Q-T > .44**
☐	**Mobitz Type I**	☐	**Abnormal P-Wave**
☐	**Mobitz Type II**	☐	**Electrolyte Effect**
☐	**Complete Block**	☐	**Technically Limited Study**
☐	**QRS > .10**	☐	**Un-interpretable**

BASED ON THIS EKG, THE FIGHTER:
☐ **IS** ☐ **IS NOT** **MEDICALLY CLEARED TO PARTICIPATE**

If Not, Further Recommendations Include: _____

Physicians Name: _____

Physician Signature: _____

Address: _____ City: _____

State: _____ Country: _____ Zip: _____

Phone: _____ Fax: _____

Forms Courtesy of :
Dr. Michael Schwartz
Co-Chairman – Medical Advisory Committee