



PROFESSIONAL ATHLETE PHYSICAL EXAMINATION BOXING

*Only a licensed physician may conduct this examination and complete this form.
Please complete this form in its entirety.*

NOTE TO PHYSICIAN: PLEASE EMAIL COMPLETED FORMS TO csac@dca.ca.gov OR FAX TO (916) 263-2197

Last Name			First Name			Middle Name			
Address:									
Street (No PO BOX)			City		State		Zip Code		Country
Telephone number:					Email:				
Male / Female (circle one)			Age:			Date of Birth: (MM / DD / YYYY)			
Please Specify the LOWEST Weight Class you INTEND to compete in:									
<input type="checkbox"/> Strawweight/Mini Flyweight:	through 105 lbs.	<input type="checkbox"/> Super Lightweight/Junior Welterweight:	135.1-140 lbs.						
<input type="checkbox"/> Light Flyweight/Junior Flyweight:	105.1-108 lbs.	<input type="checkbox"/> Welterweight:	140.1-147 lbs.						
<input type="checkbox"/> Flyweight:	108.1-112 lbs.	<input type="checkbox"/> Super Welterweight/Junior Middleweight:	147.1-154 lbs.						
<input type="checkbox"/> Super Flyweight/Junior Bantamweight:	112.1-115 lbs.	<input type="checkbox"/> Middleweight:	154.1-160 lbs.						
<input type="checkbox"/> Bantamweight:	115.1-118 lbs.	<input type="checkbox"/> Super Middleweight:	160.1-168 lbs.						
<input type="checkbox"/> Super Bantamweight/Junior Featherweight:	118.1-122 lbs.	<input type="checkbox"/> Light Heavyweight:	168.1-175 lbs.						
<input type="checkbox"/> Featherweight:	122.1-126 lbs.	<input type="checkbox"/> Cruiserweight:	175.1-195 lbs.						
<input type="checkbox"/> Super Featherweight/Junior Lightweight:	126.1-130 lbs.	<input type="checkbox"/> Heavyweight:	195.1 lbs. +						
<input type="checkbox"/> Lightweight:	130.1-135 lbs.								
PHYSICAL HISTORY: Please check all that applies below:									
<input type="checkbox"/> Asthma <input type="checkbox"/> Blood in urine <input type="checkbox"/> Allergies <input type="checkbox"/> Fainting spells <input type="checkbox"/> Rupture (hernia) <input type="checkbox"/> Chest pains <input type="checkbox"/> Operations <input type="checkbox"/> Diabetes <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Swollen joints <input type="checkbox"/> Rheumatism <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Convulsions (fits) <input type="checkbox"/> Chronic cough <input type="checkbox"/> Spitting of blood <input type="checkbox"/> Cerebral hemorrhage or serious head injury <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:									
<hr/> 1. When was the last time you took ANY type of medication or drug? (State what type and when and be specific): <hr/>									
2. Have you ever undergone any type of surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state what type and when and be specific): <hr/>									
3. When was the last time you took any type of vitamin supplement? (State what type and when and be specific): <hr/>									
4. Have you ever missed your contracted weight for a professional fight? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and by what amount was the weight missed by (in pounds)? _____ <hr/>									
5. Have you ever been hospitalized for weight cutting or dehydrations issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>									
6. What is the maximum amount of weight you have ever cut for a bout (in pounds)? _____ <hr/>									

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APPLICANT NAME: _____

Professional Boxing Record: Wins: _____ Wins by KO/TKO/Submissions: _____ Losses: _____ Losses by KO/TKO/Submissions: _____	Amateur Boxing Record: Wins: _____ Wins by KO/TKO/Submissions: _____ Losses: _____ Losses by KO/TKO/Submissions: _____
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PHYSICAL EXAMINATION:

General appearance: _____ Height: _____ Weight: _____
 Temperature: _____ Disabling scars: _____ Mouth: _____ Teeth: _____ Tonsils: _____
 Neck: _____ Pulse at rest: _____ Pulse after 100 hops: _____
 Blood pressure at rest: _____ After 100 hops: _____ 2 minutes later: _____
 Enlarged glands: Yes No Goiter: Yes No Heart: Pulse rhythm (circle one) **Regular / Irregular**
 Murmurs: Yes No Musculoskeletal system: _____
 Apical impulse (circle one): **Heavy / Normal** Enlargement: Yes No Lungs: Rales Yes No
 Abdomen: Enlargement of liver Yes No Breasts: Mass Yes No Tenderness: Yes No
 Discharge: Yes No Enlargement of Spleen: Yes No Hernia: Yes No
 Testicles: Normal Yes No
 Remarks: _____

Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____
 Skin: Tone _____ Rash _____ Boils _____ Other: _____
 Unhealed wounds: _____
 Remarks: _____

EXAMINING PHYSICIAN:

Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

<ul style="list-style-type: none"> Decreased Muscle Strength and Endurance Decreased Heart and Cardiovascular Function Reduced Energy Utilization, Nutrient Exchange and Acidosis Heat Illness Decreased Kidney Function 	<ul style="list-style-type: none"> Electrolyte Problems Mood Swings and Mental Changes Blurred Vision and Dry Eyes Increased Risk of Brain Injury
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****It is the recommendation of the Advisory Committee for Medical and Safety Standards that an athlete not attempt to lose more than 10% of their normal or "walking" weight in order to compete.***

Physician Note: The below chart is for informational purposes only and specifically depicts Boxing weight classes.

10% Weight Loss Chart

10% of Normal Weight-Recommended Weight Class	MAXIMUM Recommended Normal "Walking" Weight
105 lbs.- Strawweight/Mini Flyweight	115.5 +1 lbs.
108 lbs.- Light Flyweight/Junior Flyweight	118.8 +1 lbs.
112 lbs.- Flyweight	123.2 +1 lbs.
115 lbs.- Super Flyweight/Junior Bantamweight	126.5 +1 lbs.
118 lbs.- Bantamweight	129.8 +1 lbs.
122 lbs.- Super Bantamweight/Junior Featherweight	134.2 +1 lbs.
126 lbs.- Featherweight	138.6 +1 lbs.
130 lbs.- Super Featherweight/Junior Lightweight	143.0 +1 lbs.
135 lbs.- Lightweight	148.5 +1 lbs.
140 lbs.- Super Lightweight/Junior Welterweight	154.0 +1 lbs.
147 lbs.- Welterweight	161.7 +1 lbs.
154 lbs.- Super Welterweight/Junior Middleweight	169.4 +1 lbs.
160 lbs.- Middleweight	176.0 +1 lbs.
168 lbs.- Super Middleweight	184.8 +1 lbs.
175 lbs.- Light Heavyweight	192.5 +1 lbs.
195 lbs.- Cruiserweight	214.5 +1 lbs.

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BOXING**

APPLICANT NAME: _____

Based on your medical opinion is this athlete currently in a dehydrated state? **Yes** **No**

Based on your personal observation and review of the above stated Commission recommendation, is it your medical opinion that this applicant *is physically fit to compete in the disclosed, intended weight class*? **Yes** **No**

Based on your personal observation and review of the test results and considering Commission rules, is it your medical opinion that this applicant *is physically fit to be licensed and compete in combative sports*? **Yes** **No** If no, please explain:

The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen Street, Suite #2010, Sacramento, CA 95815, (916) 263-2195. All items of information are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application or result in your application being rejected as incomplete. The information provided will be used to determine your qualifications for licensure pursuant to Business and Professions Code Section 18640. The information on your application may be transferred to other governmental or law enforcement agencies. You have the right to review records maintained on you by the Athletic Commission unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Athletic Commission at the address above.

LICENSED PHYSICIAN'S NAME (print)	MEDICAL LICENSE NO.	APPLICANT NAME (print)
ADDRESS / CITY / STATE / ZIP CODE		APPLICANT SIGNATURE
TELEPHONE NO.	DATE/TIME	PERSON WHO ASSISTED'S NAME (print)
PHYSICIAN'S SIGNATURE		PERSON WHO ASSISTED'S SIGNATURE

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