

RINGSIDE PHYSICIANS REPORT

FOR OFFICE USE ONLY

PASCUA YAQUI TRIBE
ATHLETIC COMMISSION

4725 W. CALLE TETAKUSIM. BLDG, B
TUCSON, ARIZONA 85757

Federal I.D.

PYTAC ID

PRE-BOUT EXAM

SECTION ONE - FIGHTER INFORMATION

Name: _____		Address: _____	
Date of Last Bout: _____	Height: _____	Weight: _____	Ring Weight: _____

SECTION TWO- FIGHTER MEDICAL INFORMATION

Eyes/Pupils: L R 1 2 3 4 5 6 1 2 3 4 5 6 Equal Reactive Accommodation	Lungs: CTA B/L	Abdomen: <input type="checkbox"/> Soft non-tender <input type="checkbox"/> No hepatomegaly <input type="checkbox"/> No splenomegaly
Blood Pressure: _____	Pulse: _____ /bpm	Respiration: _____
Heart Rhythm: _____	Heart Murmurs: _____	
ENT: _____	Medications Taken: _____	
NASAL: _____	Ears: _____ Clear Cone of light: <input type="checkbox"/>	
Instability: <input type="checkbox"/> YES <input type="checkbox"/> NO	Throat: _____ No White or Red patches: <input type="checkbox"/>	
Obstruction: <input type="checkbox"/> YES <input type="checkbox"/> NO	Pregnancy Test: Positive: <input type="checkbox"/> Negative: <input type="checkbox"/>	
Remarks: _____	Extremities: _____	

I have been training; I'm in good physical condition and not withholding information relative to my physical condition from the examining physician. It is understood that my failure to inform the examining physician of any recent KO loses, recent illness, prescribed medication, or physical defects, places me at my own risk, relieves the commission and the state of Ohio of any responsibility and may subject me to disciplinary action by the commission.

Contestants Signature: _____ **Date:** _____

Medically cleared:
I find the above named contestant is in good physical condition and able to compete in the scheduled event.
Physician Signature: _____ **Date:** _____

POST-BOUT EXAM

Eyes/Pupils: L R 1 2 3 4 5 6 1 2 3 4 5 6 Equal Reactive Accommodation	Alert and Oriented: _____
Remarks: _____	

OUTCOME: WON LOST DRAW KO TKO DECISION TAP OUT NO DECISION

SUSPENSION: 30 DAY 45 DAY 60 DAY 90 DAY Physician suspension: SPECIFIC DAYS: _____

The first day of any suspension will start the day following the scheduled event. During the suspension period the contestant **MAY NOT** compete in any striking sport events.

MEDICAL EXAM REQUESTED: TYPE OF EXAM REQUESTED: _____
If a medical examine is requested the results of such medical examination **MUST** be performed by a qualified licensed physician, neurologist, or ophthalmologist and sent to the Pascua Yaqui Athletic Commission prior to you being released to participate in future events.

PHYSICIAN'S REMARKS:

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____