**MEDICAL EXAMINATION BY ATHLETE**

**PLEASE PRINT LEGIBLE**

|  |
| --- |
| **SECTION ONE - ATHLETE INFORMATION** |
| Athlete Name: |  | Last:  |  | First: |  | Middle: |
|  |  |       |  |       |  |       |
|  |
| Ring Name: |  | DOB: |  | Month:  |  | Date: |  | Year: |  | Age: |
|       |  |  |  |       |  |       |  |       |  |       |
| **SECTION TWO – MEDICAL HISTORY** |
| 1. Last Competition:
 | Month  |  | Date |  | Year |  | Results  | Other  |  |
|  |   |  |  |  |  |  |  | **[ ]**  | Won | [ ]  | Lost | [ ]  | Draw |
|  |
| 1. Have you ever been knocked unconscious?
 |
|  | **[ ]**  | Yes  | **[ ]**  | No  | If **YES,** when?  |  |
|  |
| 1. Are you **currently** suffering from anyof the conditions noted below?(check all that apply)
 |
|  | [ ]  | Yes | **[ ]**  | No  | Headaches | If **YES,** explain: |  |
|  |
|  | [ ]  | Yes | **[ ]**  | No  | Blurred Vision | If **YES,** explain:  |  |
|  |
|  | [ ]  | Yes | **[ ]**  | No | Dizziness | If **YES,** explain:  |  |
|  |
| 1. Have you **recently** suffered from any of the injuries noted below?
 |
|  | **[ ]**  | Yes | **[ ]**  | No  | Injury while training for this bout  | If **YES,** explain: |  |
|  |
|  | **[ ]**  | Yes | **[ ]**  | No  | Neck Injuries | If **YES,** explain:  |  |
|  |  |  |  |  |  |  |  |  |
|  | **[ ]**  | Yes | **[ ]**  | No  | Spinal Injuries | If **YES,** explain: |  |
|  |
| 1. Have you consulted a doctor for any medical condition while training for this bout?
 |
|  | **[ ]**  | Yes | **[ ]**  | No  | If **YES,** explain:  |  |
|  |
| 1. Have you been ill in any manner since your last examination?
 |
|  | **[ ]**  | Yes  | [ ]  | No  | If **YES,** explain:  |  |
|  |
| 1. Have you suffered from any accident or injury while training for this bout?
 |
|  | [ ]  | Yes  | [ ]  | No  | If **YES,** explain:  |       |
|  |
| 1. Have you contracted any type of “communicable disease” that may be harmful to you
 |
|  or others?  | [ ]  | Yes  | [ ]  | No  | If **YES,** explain:  |       |
|  |
| 1. Do you wish to provide information regarding any current medical condition?
 |
|  | [ ]  | Yes | [ ]  | No  | If **Yes,** please provide:  |       |
| **ATHLETE DECLARATION**  |
| I declare under penalty of perjury under the laws of the Pascua Yaqui Tribe, that I have read the foregoing application and that all answers given are true and accurate. I understand that any misstatement of material fact in this application will constitute grounds for disciplinary action by the Pascua Yaqui Athletic Commission.  |
| Athletes Signature:  |  | Date: |  |