

COMMONWEALTH OF PENNSYLVANIA
STATE ATHLETIC COMMISSION

PHYSICIAN'S EXAMINATION - DATE: _____

BOXER'S NAME: _____
SS #: _____ DATE OF BIRTH: _____
AGE: _____ Federal ID# _____ CURRENT WEIGHT: _____ HEIGHT _____

TO BE COMPLETED BY EXAMINING PHYSICIAN:

UNLESS STATED Indicate normal findings by placing a check (VISION must be at least 20/70-W/O Glasses)

1. Visual Acuity: List Actual _____ Peripheral Vision (DEGREES) _____
2. Pupils: Regular _____ Equal _____ React to light _____ Anterior Segment _____
3. Periorbital Regions (describe scars, if any) _____
4. Oropharynx: _____ Ears (discharge, etc.) _____
5. Lungs: (Any abnormal breath sounds, friction rub, rales, etc.) _____
6. Heart Rate: List Actual _____ Any irregularity _____ Murmurs _____
7. Pulse Rate: List Actual _____ Blood Pressure: List Actual _____
8. Abdominal Exam: _____
9. Extremities (Stiffness, swelling, tenderness): YES _____ NO _____
10. Hands (fists): Any Fractures, or Swelling: YES _____ NO _____
11. Nervous System: Orientation _____ Cerebellum _____ Cranial Nerves _____
12. Nose: Instability YES _____ NO _____ Obstruction YES _____ NO _____
13. Coordination: Finger to Nose - Normal _____ Abnormal _____
14. Tandem Gait: Normal _____ Abnormal _____
15. In you opinion is this individual in condition to compete as a professional Boxer: YES _____ NO _____
IF NO WHY _____

NAME OF EXAMINING PHYSICIAN (PRINT): _____
TELEPHONE #: _____ FAX #: _____
PHYSICIAN'S SIGNATURE: _____ DATE: _____

SEND TO:
PENNSYLVANIA STATE ATHLETIC COMMISSION
2601 North 3rd Street
HARRISBURG, PA 17110

TELEPHONE #: 717-787-5720
FAX #: 717-783-0824