



ATHLETE PRE-BOUT PHYSICAL EXAMINATION

First Name: _____ M.I. _____ Last Name: _____

DOB: _____ Age: _____ Gender: _____ Today's Date: _____

VITALS		
BP: _____ / _____ (_____ / _____)	HR: _____	RR: _____
TEMP: _____		
EXAMINATION		
CONDITION	NORMAL	ABNORMAL
ALERTNESS / ORIENTATION		
HEART (RHYTHM / SOUNDS)		
HEAD / PERIORBITAL / CN's		
FINGER TO NOSE		
PERRLA / EOMI / VISION		
ABDOMEN		
UPPER EXTREMITIES		
NOSE (STABILITY / OBSTRUCTION)		
LOWER EXTREMITIES		
EARS / HEARING (GROSSLY)		
HANDS / WRISTS		
NECK		
SKIN (RASHES / INFECTIONS)		
OTHER		

ABNORMALITIES: _____

Based on the statements made by the participant, the clearance given in the preparticipation physical, and my findings during the pre-bout physical; it is my opinion that this athlete IS IS NOT in good physical condition to participate.

IF DENIED PLEASE EXPLAIN: _____

PHYSICIAN'S NAME, MD / DO: _____ LICENSE #: _____

SIGNATURE: _____ DATE: _____