



ATHLETE PREPARTICIPATION PHYSICAL

This document is to be taken to a Healthcare Professional to determine the athlete's medical eligibility to participate in USA Muaythai Sanctioned events. Once the required examinations below are performed, the attached documents must be signed and uploaded into your profile under the Athlete Physical Certificate. If you have already completed a physical within the past year, the eligibility form can be signed based on that exam.

The examination must be completed by an MD or DO

Attention Examining Physician:

This letter is to request a pre-participation physical examination for the athlete who intends to participate in activities sanctioned by USA Muaythai. A thorough medical evaluation is required to ensure athlete safety prior to participation.

The evaluation should be performed by a licensed physician **(MD or DO Only)** and must cover the following areas:

- 1. Review of Detailed Medical History:** Please review the medical history provided by the athlete (and parent/guardian if under 18). Pay particular attention to:
 - a. Key medical background (past/current conditions, surgeries, medications, allergies).
 - b. Mental health screening results.
 - i. Cardiovascular History (Athlete and Family): Thorough review of personal and family heart health history is crucial.
 - ii. Bone and Joint History: Significant past or current musculoskeletal injuries.
 - iii. Concussion History: Any previous concussions or head injuries.
 - c. Other relevant medical history (including respiratory, neurological, dermatological, endocrine, and gynecological details as applicable).
- 2. Comprehensive Physical Examination:** Please conduct a physical examination including:
 - a. Recording vital signs (height, weight, blood pressure, pulse).
 - b. Vision screening.
 - c. Standard systems review: General Appearance (including Marfan stigmata), HEENT, Lymph Nodes, Cardiovascular (including auscultation for murmurs standing, supine, \pm Valsalva), Lungs, Abdomen, Skin (checking for infectious lesions), Neurological.
 - d. Thorough Musculoskeletal examination: Neck, Back, Shoulders, Arms, Elbows, Forearms, Wrists, Hands, Fingers, Hips, Thighs, Knees, Legs, Ankles, Feet, Toes.
 - e. Functional screening tests (e.g., double-leg squat, single-leg squat, drop test).
 - f. Noting any abnormal findings.
- 3. Complete Attached Medical Eligibility Form:** Based on the history and examination, please determine the athlete's medical fitness for Muaythai and document this on the attached USA Muaythai Medical Eligibility Form. Please ensure this form is fully completed, indicating the athlete's eligibility status (e.g., eligible without restriction, eligible with recommendations, not eligible pending further evaluation, or not eligible), and includes your printed name, signature (**confirming MD or DO credentials**), date, and official medical license number or stamp. This completed form should be returned to the athlete for submission.

Thank you for your time and expertise in conducting this important evaluation to ensure the health and safety of the athlete for participation in Muaythai. Please contact me if you have any questions.

Sincerely,
USA Muaythai



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The Medical Eligibility Form is the only form that should be submitted to USA Muaythai

This form must be completed and signed by an MD or DO

MEDICAL ELIGIBILITY

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

DOB: _____ Age: _____ Gender: _____ Date of examination: _____

Athlete's Signature: _____

Parent/Guardian's Signature (Under 18): _____

☐ Medically eligible to participate in the sport of Muaythai without restriction

☐ Medically eligible participate in the sport of Muaythai without restriction with recommendations for further evaluation or treatment

of: _____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible

Recommendations: _____

I have examined the athlete named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport of Muaythai as outlined on this form. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (parent/guardian).

Name of Healthcare Professional (Print): _____

Physician Signature **(MUST BE MD/DO)**: _____ Date: ____/____/____

Clinic Address: _____

Phone: _____ Email: _____

Physician License Number or Stamp **(MUST BE MD/DO)**: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____