



DILATED OPHTHALMOLOGICAL EXAMINATION
(To be performed ONLY by an OPHTHALMOLOGIST or OPTOMETRIST)

To be completed by Participant (Fighter)

NAME: (LAST) (FIRST) (MIDDLE)

AGE: BIRTH DATE: SS#:

HAVE YOU EVER HAD ANY EYE DISEASES? List the nature of diseases:

HAVE YOU EVER SUFFERED ANY EYE INJURY? List the nature of this injury:

HAVE EITHER OF YOUR EYES EVER BEEN OPERATED ON FOR DETACHED RETINA OR FOR ANY OTHER REASON?

EXAMINATION - To be completed by examining Ophthalmologist or Optometrist

Date of Examination:

VISION: NAKED EYE: (LEFT) (RIGHT) WITH CORRECTIVE LENSES: (LEFT) (RIGHT)

REMARKS: ANY EVIDENCE OF PRESENT OR FORMER DISEASE? GIVE SPECIFICS

Table with 2 columns: LEFT/ RIGHT and REMARKS. Rows include LIDS?, CONJUNCTIVA?, GLAUCOMA?, CORNEA?, PANNUS?, IRIS?, CHOROID?, PTOSIS?, RETINA?, IF TRACHOMA IS PRESENT, IS IT ACTIVE?, WHEN WAS IT LAST TREATED?, DISCHARGE?, FOLLICIES?, CATARACT?, CORNEAL LEUCOMA?

- I HEREBY CERTIFY THAT BASED ON THE STATEMENTS MADE BY THE PARTICIPANT AND/OR MY PHYSICAL FINDINGS, IT IS MY OPINION THAT SAID PARTICIPANT HAS A NORMAL EYE EXAMINATION AND IS ABLE TO ENGAGE IN BOXING, KICKBOXING, OR MIXED MARTIAL ARTS MATCHES.
I HEREBY CERTIFY THAT BASED ON THE STATEMENTS MADE BY THE PARTICIPANT AND/OR MY PHYSICAL FINDINGS, IT IS MY OPINION THAT SAID PARTICIPANT DOES NOT HAVE AN APPROPRIATE EYE CONDITION TO ENGAGE IN BOXING, KICKBOXING, OR MIXED MARTIAL ARTS MATCHES.

SIGNATURE OF OPHTHALMOLOGIST/OPTOMETRIST

(PLEASE PRINT) NAME OF OPHTHALMOLOGIST/OPTOMETRIST

LICENSE NUMBER OF OPHTHALMOLOGIST/OPTOMETRIST

OFFICE PHONE NUMBER OF OPHTHALMOLOGIST/OPTOMETRIST

CITY, STATE, ZIP OF OPHTHALMOLOGIST/OPTOMETRIST