



DILATED OPHTHALMOLOGICAL EXAM
(To be performed ONLY by an OPHTHALMOLOGIST)

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

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 A BOXING, KICKBOXING, OR MIXED MARTIAL ARTS MATCHS.
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 A BOXING, KICKBOXING, OR MIXED MARTIAL ARTS MATCHS.

SIGNATURE OF OPHTHALMOLOGIST

(PLEASE PRINT) NAME OF OPHTHALMOLOGIST

LICENSE NUMBER OF OPHTHALMOLOGIST

OFFICE PHONE NUMBER OF OPHTHALMOLOGIST

CITY, STATE, ZIP OF OPHTHALMOLOGIST