



WEST VIRGINIA STATE ATHLETIC COMMISSION

| | | | | |
|--|---|---|--|--------|
| Jim Frio Wheeling, WV P-(304) 233-3168 F-(304) 232-1120 | Leon Ramsey Glennville, WV P-(304) 462-5744 F-(304) 462-0300 | Paul Thornton Vienna, WV P-(304) 481-0772 F-(304) 232-1120 | Tim Peasak, DO Bridgeport, WV P-(304) 842-3330 F-(304) 842-3303 | Vacant |
|--|---|---|--|--------|

PRE-BOUT EXAM

| | | | | | | | |
|--|---------------|-----------------------|----------------------------|---------------------------|---|------------|------------|
| Name: (Last, First, Middle) | | | | Date: | | | |
| Federal ID: | D.O.B: | Age: | Date of Last Fight: | Date of Bloodwork: | | | |
| Health/Medical Information | | | | YES | NO | | |
| Are you currently under the care of a physician or psychological counseling? | | | | | | | |
| Are you currently taking any medication(s)? | | | | | | | |
| Have you ever been knocked out or choked out? | | | | | | | |
| Have you ever had any head injuries including brain injuries or concussions? | | | | | | | |
| Are you in good health? | | | | | | | |
| Do you have a chronic illness? | | | | | | | |
| Have you ever had any serious injuries or conditions including spinal injuries? | | | | | | | |
| Have you had any broken bones? | | | | | | | |
| Do you have chronic headaches? | | | | | | | |
| Do you have seizures? | | | | | | | |
| Are you a "Free Bleeder"? | | | | | | | |
| Do you have a heart murmur? | | | | | | | |
| Do you have Asthma? | | | | | | | |
| Have you had any operations? | | | | | | | |
| *****IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN ON THE BACK OF THIS FORM***** | | | | | | | |
| <p>I hereby verify that the above information is "True and Correct". I further verify that I have been training. I am in good physical condition and I have not withheld any information relative to my physical or mental condition from the examining physician. It is understood that my failure to inform the examining physician of any recent KO losses, recent illness, prescribed medication, any past surgeries, or any physical defects, places me at my own risk and relieves the WEST VIRGINIA STATE ATHLETIC COMMISSION and the State of West Virginia of any responsibility or duty and may subject me to disciplinary action by the Commission. I further acknowledge the Commission and examining Physician is relying upon the information provided herein.</p> | | | | | | | |
| Signature: | | | | Date: | | | |
| *****PHYSICIAN'S CERTIFICATION FOR FIGHTERS – OFFICIAL USE ONLY***** | | | | | | | |
| Weight | lbs. | Temperature | °F | Lungs | Heart | | |
| Height | ins. | Blood Pressure | / | Pulse | /BPM | | |
| Remarks: | | | | | Pregnancy Test Must be within 14 days of event | | |
| | | | | | Date | | |
| | | | | | Results | Pos | Neg |
| <p>I hereby certify that the above named fighter was examined by me on this date. Based on the physical and mental history and my examination, in my opinion, the above named fighter is able to compete.</p> | | | | | | | |
| Physician's Signature: | | | | Date: | | | |
| Printed Name: | | | | | | | |
| Address: | | City: | | St: | Zip: | | |

