

DILATED OPHTHALMOLOGICAL EXAMINATION
(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? | YES | NO

List the nature of diseases: _____

HAVE YOU EVER SUFFERED ANY EYE INJURY? | YES | NO

List the nature of this injury: _____

HAVE EITHER OF YOUR EYES EVER BEEN OPERATED ON FOR
DETACHED RETINA OR FOR ANY OTHER REASON? | YES | NO

EXAMINATION - To be completed by examining Ophthalmologist

Date of Examination: _____

VISION:

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

REMARKS: _____

ANY EVIDENCE OF PRESENT OR FORMER DISEASE? GIVE SPECIFICS _____

LEFT/ RIGHT	REMARKS
LIDS? : _____/_____	_____
CONJUNCTIVA? : _____/_____	_____
GLAUCOMA? : _____/_____	_____
CORNEA? : _____/_____	_____
PANNUS? : _____/_____	_____
IRIS? : _____/_____	_____
CHOROID? : _____/_____	_____
PTOSIS? : _____/_____	_____
RETINA? : _____/_____	_____
IF TRACHOMA IS PRESENT, IS IT ACTIVE? : _____ (L)/ _____ (R)	_____
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

(PLEASE PRINT) NAME OF
OPHTHALMOLOGIST

LICENSE NUMBER OF OPHTHALMOLOGIST

OFFICE PHONE NUMBER OF
OPHTHALMOLOGIST

CITY, STATE, ZIP OF OPHTHALMOLOGIST