

**NEW JERSEY STATE ATHLETIC CONTROL BOARD - Amateur Muay Thai Physical Form**  
 (To Be Completed by Physician - physical must be taken within 45 days of each event - NJSACB fax is 609-292-3756)

Contestant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_

I certify that I have examined the above contestant on \_\_\_\_\_ and have found  
 him/her to be medically cleared to engage in an Amateur Mixed Martial Arts competition on \_\_\_\_\_.

Physician Name (printed): \_\_\_\_\_ Physician Signature: \_\_\_\_\_  
 Physician Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**CONTESTANT INFORMATION:**

Age: \_\_\_\_\_ Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_  
 Pulse: \_\_\_\_\_  
 Temperature: \_\_\_\_\_  
 Blood Type: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Medications: \_\_\_\_\_

**EYE EXAMINATION:**

No retinopathies or cataracts: \_\_\_\_\_  
 Wears contact lenses: \_\_\_\_\_

**EXAMINATION:**

Ears - Otoscopy: \_\_\_\_\_  
 Mouth Pharynx: \_\_\_\_\_  
 Adenopathys: \_\_\_\_\_  
 Lungs: \_\_\_\_\_  
 Heart: \_\_\_\_\_  
 Abdominal Palpation: \_\_\_\_\_  
 Hernias or Viscero-megaly: \_\_\_\_\_  
 Testis: \_\_\_\_\_

**TENDON REFLEXES:**

Knee Jerk: \_\_\_\_\_  
 Babinski: \_\_\_\_\_  
 Rhomberg: \_\_\_\_\_  
 Finger to nose: \_\_\_\_\_

**UPPER EXTREMITIES:**

Hands: \_\_\_\_\_  
 Wrist: \_\_\_\_\_  
 Elbows: \_\_\_\_\_

Shoulder Girdle: \_\_\_\_\_  
 Lower Extremities: \_\_\_\_\_  
 Skin (Open or Superlative lesions): \_\_\_\_\_  
 Any indications of active renal disease: \_\_\_\_\_

**PHYSICAL HISTORY:**

Chest Pains: \_\_\_\_\_  
 Fainting Spells: \_\_\_\_\_  
 Spitting of Blood \_\_\_\_\_  
 Shortness of Breath \_\_\_\_\_

Frequent Headaches: \_\_\_\_\_  
 Convulsions: \_\_\_\_\_  
 Head Injury \_\_\_\_\_  
 Operations: \_\_\_\_\_  
 Diabetes: \_\_\_\_\_  
 Unconsciousness from training or competing: \_\_\_\_\_  
 Unconsciousness from any other sport or for any other reason: \_\_\_\_\_

**FOR WOMEN:**

Pregnancy Test: \_\_\_\_\_  
 Breast Exam: \_\_\_\_\_  
 Gynecological Exam: \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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