DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau
Schools and Licensing Section – Unarmed Combat Commission
PO Box 30018
Lansing, MI 48909
P: 517-241-9221; F: 517-373-2162; Email: CSCLonline@michigan.gov

BOXING/MIXED MARTIAL ARTS CONTESTANT DILATED OPHTHALMOLOGIC EVALUATION

(To be performed by an ophthalmologist or optometrist)

Authority: P.A. 403 of 2004, as amended

Name: _____ Exam Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Circle one of the following:

Based on my examination the fighter : IS IS NOT medically cleared to fight

_____
PRINT: Licensed Ophthamologist or Optometrist Name

_____ _____
Ophthamologist or Optometrist Signature Date

_____ _____
Street Address Phone Number

_____ _____ _____
City State Zip Code

