## **PRE-FIGHT PHYSICAL EXAMINATION**

A licensed physician shall file with the commission the report of the physical examination of each contestant within 24 hours after the contest or event ends, as required by Section 57(1) & (2) of Public Act 403 of 2004, as amended.

Contestant's Name						
Street Address						Date of Physical Examination
City				State		Zip Code
Height			Wei	ght	lbs.	Date of Birth
Pulse			Bloo	Blood Pressure		
SYSTEM		√Normal	√Ab	normal		Explanation
Ears	Canal					
	Drum					
Eyes	Pupils					
	Light Reflex					
Nose and Throat	Gums					
	Teeth					
	Pharynx					
	Nares					
Skull & Scalp	<b>→</b>					
Face	<b>→</b>					
Neck	Thyroid					
	Lymph Nodes					
	Pulmonary Findings					
Chest	Anatomy					
Heart	Rate/Rythmn					
	Murmurs					
Abdomen	Scars					
	Masses					
Genitalia	Hernia					
	Testes					
Skin	<b>→</b>					
Musculoskeletal	Neck					
	Hands					
	Spine					
Are you currently taking any medication?			1	Have No	you been ill in any mann	ner in the last two (2) weeks?
Signature of Physic	ian					
Type or Print Name	of Physician					