



(05/24)

Michigan Unarmed Combat Commission
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UNARMED COMBAT CONTESTANT DILATED OPHTHALMOLOGIC EVALUATION

(To be performed by an ophthalmologist or optometrist)

Authority: 2004 PA 403, as amended

Name: _____	Exam Date: _____
Address: _____	Date of Birth: _____
City: _____ State: _____ Zip Code: _____	Phone: _____

Check **one** of the following:

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

PRINT: Licensed Ophthalmologist or Optometrist Name

Ophthalmologist or Optometrist Signature

Date

Street Address

Phone Number

City

State

Zip Code