



Michigan Unarmed Combat Commission
PO Box 30018, Lansing, MI 48909
P: 517-241-9221; F: 517-241-6653;
E-mail CSCOnline@michigan.gov
www.michigan.gov/ucc

BOXING/MIXED MARTIAL ARTS 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: _____



Circle 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