



California State Athletic Commission
 2005 Evergreen St. Ste. 2010
 Sacramento, CA 95815
 www.dca.ca.gov/csac/
 (916) 263-2195 FAX (916) 263-2197



CARDIOVASCULAR HISTORY

BOXING

MIXED MARTIAL ARTS

KICKBOXING

***Only a licensed physician may conduct
 Physical and EKG examinations and complete this form.
 Please complete this form in its entirety.***

This examination does not take the place of any other examination required by the Commission. It also does not take the place of any general physical examination, diagnosis, or medical treatment of the applicant. It is solely for the purpose of aiding the CSAC in determining whether the whether the applicant's present *cardiac condition* permits him or her to be licensed for competition.

Name of applicant (Print Name)

Date of Birth

Date of EKG Report: _____

Date of this report: _____

Have you ever fainted during or after exercise? **Yes No** If YES, please explain: _____

How many bouts have you had since your last EKG? **Yes No** If YES, please explain: _____

How many rounds have you fought since your last EKG? **Yes No** If YES, please explain: _____

Have you ever had chest pain during or after exercise? **Yes No** If YES, please explain: _____

Do you get tired more quickly than your friends do during exercise? **Yes No** If YES, please explain: _____

Have you ever had racing of your heart or skipped heartbeats? **Yes No** If YES, please explain: _____

Have you been told you had high blood pressure or high cholesterol? **Yes No** If YES, please explain: _____

Have you ever been told you have a heart murmur? **Yes No** If YES, please explain: _____

Has any family member or relative died of heart problems or of sudden death before age 50? **Yes No**
 If YES, please explain: _____

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APPLICANT NAME: _____

Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the past month?

Yes No If YES, please explain: _____

Has a physician ever denied or restricted your participation in sports for any heart problems? **Yes No**

If YES, please explain: _____

Does the athlete have Normal Sinus Rhythm? **Yes No** If NO, please explain: _____

IS THE EKG REPORT WITHIN NORMAL LIMITS? **Yes No** If NO, please explain: _____

Based on your personal medical opinion and considering Commission rules, is this applicant cardiologically eligible to be licensed to compete and participate in combative sports? **Yes No**

If no, please explain: _____

Is further referral or additional examinations necessary or recommended? **Yes No** If yes, please explain: _____

EXAMINING PHYSICIAN INFORMATION:

LICENSED PHYSICIAN'S NAME (print)

MEDICAL LICENSE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

DATE/TIME

PHYSICIAN'S SIGNATURE

OFFICE USE ONLY

Approved
by: _____

Date: _____