

WORLD POLICE AND FIRE GAMES FEDERATION

Report of Physical Examination

1. Name _____
2. Ring Name _____ 3. Date of Birth _____
4. Address: Street _____
City _____ State _____ Zip Code _____

HISTORY:

Has applicant ever had any of the following:

Swollen Joints Rheumatism Frequent Headaches Chronic Cough
 Spitting of blood Shortness of breath Convulsions (fits) Fainting spells
 Blurring of vision Rupture (hernia) Operations Dizzy spells

How many knockouts has he/she received _____ Date of last knockout _____

Longest duration of unconsciousness _____

Length of time before resuming boxing after last knockout _____

Ever knocked unconscious in other sports or in any other way _____ If so explain _____

Ever been a patient in a mental hospital _____ If yes, explain fully _____

EXAMINATION:

General appearance _____ Height _____ Weight _____ Temperature _____ Age _____

Disabling scars _____ Mouth _____ Teeth _____ Tonsils _____ Neck _____

Pulse at rest _____ Blood pressure at rest _____

Pulse after 100 hops _____ Blood pressure after 100 hops _____

Blood pressure 2 minutes later _____

Enlarged glands: Yes No

Goiter: Yes No

Heart:

Pulse rhythm Regular Irregular

Apical impulse: Heaving Normal

Enlargement: Yes No

Murmurs: Yes No

Lung Rates: Yes No

Abdomen:

Enlargement of liver: Yes No

Enlargement of spleen: Yes No

Hernia _____ Femoral _____ Inguinal _____ Ventral _____

Unhealed wounds: _____

Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____

Skin: Rash _____ Boils _____ Any other _____

X-Ray _____

REMARKS: _____

I have examined the above named subject and find him/her in: Satisfactory Unsatisfactory
condition to be licensed as a professional boxer and/or martial arts fighter.

Physician's Name and License Number (please print) _____

Physician's Signature _____

Street Address _____

Date _____

City/State/Zip Code _____

Physician's Phone Number _____

I certify (or declare) under penalty of perjury, that the foregoing history is true and correct; further, I realize that any misstatement in said history may result in disciplinary action.

Signature of Applicant _____

Instructions to Physician for Report of Physical Examination

Any boxer intending to compete in the World Police and Fire Games shall be examined by a physician currently licensed to establish both physical and mental fitness for competition. Such examination shall be taken within six (6) months of the competition or as directed by the meet directors.

No boxer who has attained the age of forty (40) years shall be approved to Box except by special action of the Boxing Committee.

The Committee shall deny approval to Box, suspend or revoke prior approval of any amateur Boxer because of a medical or visual condition, including but not limited to one of the following.

- 1) Blind in one eye or vision in one eye so poor as to cause any examining physician to recommend that no approval be granted. This rule is effective regardless of how keen the boxer's vision may be in the other eye;
- 2) Suffered cerebral hemorrhage or any other serious head injury;
- 3) Uncorrected visual acuity of less than 5/30 in either eye, 20/200 in either eye or 20/100 in both eyes;
- 4) Corrected visual acuity of less than 20/60 in either eye (amblyopia) regardless of its cause;
- 5) A visual field to 30 degrees or less, extending over one or more quadrants of the visual field;
- 6) A cataract in either eye which reduces vision to 20/40 or less;
- 7) Presence or history of retinal detachment or retinal tear (excluding choroidal tear), whether or not such condition has been treated;
- 8) Presence of primary glaucoma, whether or not such condition has been treated;
- 9) Presence of aphakia or dislocated lens in either eye.

There is no appeal for the suspension or denial of approval because of the conditions described in 1 through 9.

The Committee shall deny, suspend, revoke or place restrictions on the Boxing activities of an applicant if it determines that such person has any one or more of the following conditions unless he/she presents satisfactory written evidence (*) from an ophthalmologist that the person can safely engage in Boxing activities:

- a. Cataract in either eye and corrected vision is better than 20/40;
- b. Ocular pathology of any kind which is self-limiting or treatable and which generally results in a return to normal ocular function;
- c. Any other visual condition which the Committee determines would prevent the applicant or licensee from safely engaging in Boxing activities.

All suspensions or denials because of conditions a) through c), may be appealed to the Boxing Committee.

THE EXAMINING PHYSICIAN IS REQUESTED TO MAIL A COPY OF ANY REPORT OF AN APPLICANT WITH AN UNSATISFACTORY CONDITION DIRECTLY TO THE BOXING COMMITTEE.

*A written description of the problem; the effect, if any, that Boxing may have on the problem and how often a re-examination should be made.

COMPETITOR INSTRUCTIONS:

If this form is completed prior to six (6) weeks before Opening Day of Games, mail or fax completed form to World Police & Fire Games Federation; 8304 Clairemont Mesa Blvd, #107; San Diego CA 92111; Fax: 858.571.1641. If not completed 6 weeks prior, bring the exam form with you to Host Registration. ALWAYS MAKE A COPY OF THE EXAM FOR YOUR RECORDS & AS BACK-UP.