REQUIRED MEDICAL TESTS FOR LICENSURE OF CONTESTANTS

CONTESTANT PRELICENSE CHECKLIST

PHYSICAL EXAMINATION

☐ LICENSE PHYSICAL

LICENSING PHYSICALS MUST BE COMPLETED NO MORE THAN 60 DAYS PRIOR TO THE CONTEST.

(LICENSE PHYSICAL IS GOOD FOR 1 YEAR FROM THE DATE OF EXAMINATION)

Contestants 36 years and older are required to have a 12-lead EKG on file that is less than 1 year old and reviewed by a physician.

BLOOD TESTS

☐ HIV (HUMAN IMMUNODEFICIENCY VIRUS)

☐ HEPATITIS B sAg (SURFACE ANTIGEN)

☐ HEPATITS C (HCV)

All contestants are required to have a current HIV test (less than 6 months old), Hepatitis B sAg (Surface Antigen) and Hepatitis C tests (less than 1 year old) prior to their contest. A negative test for Hepatitis B sAg AND proof of vaccination/immunity for Hepatitis BaB will permanently fulfill the Hepatitis B requirement.

NATIONAL IDENTIFICATION CARD

☐ FEDERAL BOXING ID CARD

(NEW BOXING CONTESTANT MUST OBTAIN THEIR FEDERAL IDENTIFICATION FROM THEIR HOME STATE BOXING COMMISSION IN ADVANCE (ID CARDS EXPIRE AFTER 4 YEARS FROM THE DATE OF ISSUANCE)

☐ MIXED MARTIAL ARTS NATIONAL ID

NEW MIXED MARTIAL ARTS CONTESTANTS MUST OBTAIN THEIR FEDERAL IDENTIFICATION CARD FROM THEIR HOME STATE BOXING COMMISSION or THE PETE SUAZO UTAH ATHLETIC COMMISSION CAN ISSUE IT. (ID CARDS EXPIRE AFTER 5 YEARS FROM THE DATE OF ISSUANCE)
**PETE SUAZO**  
**UTAH ATHLETIC COMMISSION**  
**LICENSE PHYSICAL EXAMINATION**  
**MUST BE COMPLETED & SIGNED**  
**BY M.D. or D. O.**

**PSUAC**  
PO Box 146950  
60 East South Temple  
Salt Lake City, UT 84114  
Office: 801-538-8876  
FAX: 801-708-0849  
Email: psuac@utah.gov

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**MEDICAL HISTORY** (PLEASE COMPLETE AS THOUGHLY AS POSSIBLE)

1. **HAY YOU EVER BEEN HOSPITALIZED?**
   - Yes [ ]
   - No [ ]
   If “yes”, give nature of problem(s), date(s), locations(s) and attending physicians:

2. **HAVE YOU EVER HAD EYE SURGERY?**
   - Yes [ ]
   - No [ ]
   If “yes”, explain:

3. **DO YOU REGULARLY OR OCCASIONALLY TAKE ANY MEDICATIONS?**
   - Yes [ ]
   - No [ ]
   If “yes”, explain frequency & dose:

4. **ARE YOU ALLERGIC TO ANY MEDICATIONS?**
   - Yes [ ]
   - No [ ]
   If “yes”, explain:

5. **HAVE YOU BEEN PREVIOUSLY INJURED IN A BOXING/KICKBOXING OR MMA EVENT?**
   - Yes [ ]
   - No [ ]
   If “yes”, explain:

6. **LONGEST DURATION OF UNCONSCIOUSNESS:**

7. **WHAT IS YOUR RECORD:**
   - Wins: _______
   - Losses: _______
   - Draws: _______

8. **WHAT IS YOUR RECORD IN THE LAST YEAR:**
   - Wins: _______
   - Losses: _______
   - Draws: _______

9. **WHEN WERE YOU LAST GIVEN A MEDICAL SUSPENSION?** (Date)

10. **WHY WERE YOU GIVEN A MEDICAL SUSPENSION?**

**MEDICAL EXAM** (TO BE COMPLETED BY THE DOCTOR ONLY)

**HEIGHT:**
**WEIGHT:**
**TEMPERATURE:**
**GENERAL APPEARANCE:**

**OTOLOGIC NOTES:**
- External Trauma [Yes [ ]
- Perforated Drum [Yes [ ]

**NOSE NOTES:**
- Instability [Yes [ ]
- Recent Trauma [Yes [ ]
- Obstruction [Yes [ ]

**OROPHARYNX NOTES:**
- Loose Teeth [Yes [ ]

**ADENOPATHY NOTES:**
- Recent Trauma [Yes [ ]

**FACE NOTES:**
- Jaw & Temporomandibular Joints [Normal [ ]

**LUNGS (Rales):**
- Normal [ ]
- Abnormal [ ]

**ENLARGED GLANDS:**
- Yes [ ]
- No [ ]

**GOITER**
- Yes [ ]
- No [ ]

**ABDOMEN:**
- Enlargement of Liver [Yes [ ]
- Hernia [Yes [ ]
- Enlargement of Spleen [Yes [ ]
- Femoral [ ]
- Inguinal [ ]
- Ventral [ ]

**HEART:**
- Pulse Rhythm [Normal [ ]
- Enlargement [Yes [ ]
- Apical Impulse [ ]
- Heavy [ ]
- Normal [ ]

**MUSCULOSKELETAL:**
- Hands [Normal [ ]
- Wrist [Normal [ ]
- Elbows [Normal [ ]
- Shoulder Girdle [Normal [ ]
- Lower Extremities [Normal [ ]

Comments:
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MEDICAL EXAM CONTINUED (TO BE COMPLETED BY THE DOCTOR ONLY)

(CIRCLE) BREAST (FEMALE CONTESTANTS)

n/a

Mass □ Yes □ No Tenderness □ Yes □ No Discharge □ Yes □ No

(CIRCLE) GYNECOLOGICAL EXAM (FEMALE CONTESTANTS)

n/a

□ Normal □ Abnormal

REFLEXES

Pupils__________ Romberg__________ Knee Jerks__________ Babinski__________

NEUROLOGIC

Mental Status Orientation ____________________________ /3

5-minute recall ____________________________ /3

Cranial Nerves □ Normal □ Abnormal Strength □ Normal □ Abnormal

Tone □ Normal □ Abnormal Gait □ Normal □ Abnormal

Coordination □ Normal □ Abnormal

Finger to Nose □ Normal □ Abnormal Tandem Gait □ Normal □ Abnormal

PHYSICAL EXAMINATION

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 ____________________________

COMMENTS OF EXAMINING PHYSICIAN

________________________________________________________________________

________________________________________________________________________

I hereby certify that I have examined the named individual and in my opinion, this individual □ is or □ is not medically fit to participate as a contestant in a professional boxing, kick boxing, martial arts or other unarmed combat competition. I also attest that I do not have a professional relationship with, nor financial interest in the earnings of this individual. ***PLEASE COMPLETE***

MUST BE COMPLETED AND SIGNED BY M.D. OR D.O.

PRINT NAME OF EXAMINING PHYSICIAN __________________________________________

PHYSICIANS LICENSE NUMBER __________________________________________

SIGNATURE OF EXAMINING PHYSICIAN __________________________________________

ADDRESS OF PHYSICIAN __________________________________________

TELEPHONE NUMBER OF PHYSICIAN __________________________________________

DATE __________________________________________

I hereby authorize the Pete Suazo Utah Athletic Commission to release, disclose and furnish to any other boxing or athletic commission affiliated with the Association of Boxing Commissions, (ABC), any and all of my medical records concerning my licensure as a participant including, but not limited to, all required medical examinations, laboratory test results for HIV, hepatitis virus and drug screening, hospital records, and the other information regarding conditions related to the propriety my licensure as a participant (Including history, findings, diagnosis, or prognosis).

I understand, and it is agreed, that the signing of the Medical Information Release is optional, and that my declining to sign the document will not result in any adverse action being taken against me by the Pete Suazo Utah Athletic Commission based on my decision. I understand, and it is agreed, that the medical record described herein will not be released for any purpose other than for a member commission affiliated the ABC to determine eligibility to participate in any professional or amateur Boxing, Kickboxing, or Mixed Martial Arts events. I understand, and it is agreed, that this authorization shall remain in effect for 18 months from the date of examination and is relevant medical records described herein, whether such record were created prior to, or subsequent to, the date the authorization is signed. By signing below, I hereby authorize the release of my medical information. ***MUST BE COMPLETED***

PRINT CONTESTANT NAME __________________________________________

CONTESTANT SIGNATURE __________________________________________

DATE __________________________________________

Ut Form PSUAC0023 (02-18)