REQUIRED MEDICAL TESTS FOR LICENSURE OF CONTESTANTS

CONTESTANT PRELICENSE CHECKLIST

<table>
<thead>
<tr>
<th>PHYSICAL EXAMINATION</th>
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<tbody>
<tr>
<td>□ LICENSE PHYSICAL</td>
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<tr>
<td>Licensing physicals must be completed no more than 60 days prior to the contest.</td>
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<tr>
<td>(License physical is good for 1 year from the date of examination)</td>
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<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th>BLOOD TESTS</th>
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<tbody>
<tr>
<td>□ HIV (HUMAN IMMUNODEFICIENCY VIRUS)</td>
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<tr>
<td>□ HEPATITIS B sAg (SURFACE ANTIGEN)</td>
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<tr>
<td>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.</td>
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<tr>
<td>□ HEPATITIS C (HCV)</td>
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<thead>
<tr>
<th>NATIONAL IDENTIFICATION CARD</th>
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<tbody>
<tr>
<td>□ FEDERAL BOXING ID CARD</td>
</tr>
<tr>
<td>(New boxing contestant must obtain their federal identification from their home state boxing commission in advance)</td>
</tr>
<tr>
<td>(ID cards expire after 4 years from the date of issuance)</td>
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<table>
<thead>
<tr>
<th>MIXED MARTIAL ARTS NATIONAL ID</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>(ID cards expire after 5 years from the date of issuance)</td>
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</table>
NAME (LAST, FIRST, MIDDLE) DATE OF EXAM

TELEPHONE NUMBER EMAIL ADDRESS

FROM COLOR EYE COLOR TATTOWS/SCARS

MUST BE COMPLETED & SIGNED
BY M.D. D. O. or P.A.

MEDICAL HISTORY (PLEASE COMPLETE AS THOUGHLY AS POSSIBLE BY ATHLETE)

A. HAS APPLICANT EVER HAD ANY OF THE FOLLOWING CONDITIONS, PLACE AN “X” TO ALL THAT APPLY

- Fainting Spells
- Rupture (hernia)
- Chest Pain
- Operations
- Shortness of Breath
- Swollen Joints
- Rheumatism
- Diabetes
- Headaches
- Seizures/Convulsions
- Chronic Cough
- Bleeding Disorder
- Spinal Injuries
- Cerebral Hemorrhage or head injury
- Psychiatric problems
- Neck Injuries
- Vision Problems
- Asthma
- Allergies
- Skin Disease
- Heart Palpitations

1. HAVE 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 AND MEDICATIONS?

- Yes
- No

If “yes”, explain frequency & dose:

4. ARE YOU ALLERGIC TO ANY MEDICATIONS?

- Yes
- No

If “yes”, explain:

4. HAVE YOU BEEN PREVIOUSLY INJURED IN A BOXING/KICKBOXING OR MMA EVENT?

- Yes
- No

If “yes”, explain:

5. LONGEST DURATION OF UNCONSCIOUSNESS:

6. WHAT IS YOUR RECORD:

Wins: _______   Losses: _______  Draws: ________

7. WHAT IS YOUR RECORD IN THE LAST YEAR:

Wins: _______   Losses: _______  Draws: ________    Losses by TKO or KO:_____________

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

9. WHY WERE YOU A GIVEN A MEDICAL SUSPENSION?

MEDICAL EXAM (TO BE COMPLETED BY THE DOCTOR ONLY)

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.

PRINT CONTESTANT NAME CONTESTANT SIGNATURE DATE

MEDICAL EXAM

HEIGHT:   WEIGHT:   TEMPERATURE:   GENERAL APPEARANCE:

OTOLOGIC  NOTES:

- External Trauma  Yes  No
- Perforated Drum  Yes  No

ADENOPATHY

- Yes  No

GROPHARYNX  NOTES:

- Loose Teeth  Yes  No

FACE  NOTES:

- Recent Trauma  Yes  No
- Normal    Abnormal

- Jaw & Temporomandibular Joints  Yes  No

- Yes  No

- Yes  No

- Yes  No
## MEDICAL EXAM CONTINUED (TO BE COMPLETED BY THE DOCTOR ONLY)

### Lungs (rales)
- Normal
- Abnormal

### Enlarged Glands
- Yes
- No

### Gritter
- Yes
- No

### Abdomen
- Enlargement of Liver
  - Yes
  - No
- Hernia
  - Yes
  - No
- Enlargement of Spleen
  - Yes
  - No
- Femoral
- Inguinal
- Ventral

### Heart
- Pulse Rhythm
  - Normal
  - Abnormal
- Apical Impulse
  - Yes
  - No
- Heavy
- Normal

### Breast (Female Contestants)
- Mass
  - Yes
  - No
- Tenderness
  - Yes
  - No
- Discharge
  - Yes
  - No

### Gynecological Exam (Female Contestants)

### Reflexes
- Pupils
- Romberg
- Knee Jerks
- Babinski

### Neurological
- 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

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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.

**MUST BE COMPLETED AND SIGNED BY M.D. D.O. or P.A. (If not completed by M.D. D.O. or P.A. it will be rejected)**

<table>
<thead>
<tr>
<th>PRINT NAME OF EXAMINING PHYSICIAN</th>
<th>PHYSICIAN'S LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE OF EXAMINING PHYSICIAN</td>
<td>ADDRESS OF PHYSICIAN</td>
</tr>
<tr>
<td>TELEPHONE NUMBER OF PHYSICIAN</td>
<td>DATE</td>
</tr>
</tbody>
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