



## USMTA COMPETITORS MEDICAL FORM

Contestant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that I have examined the above contestant on: \_\_\_\_\_ and have found him /her to be medically cleared to engage in an Amateur Martial Arts competition on \_\_\_\_\_

Physician Name (printed): \_\_\_\_\_  
Physician Signature: \_\_\_\_\_  
Physician Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### CONTESTANT INFORMATION:

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
Pulse: \_\_\_\_\_ Temperature: \_\_\_\_\_ Blood Type: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

### EYE EXAMINATION:

No retinopathies or cataracts: \_\_\_\_\_ Wears contact lenses: \_\_\_\_\_

### EXAMINATION:

Ears - Otoscopy: \_\_\_\_\_ Mouth Pharynx: \_\_\_\_\_ Adenopathys: \_\_\_\_\_  
Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_ Abdominal Palpation: \_\_\_\_\_  
Hernias or Viscoro-megaly: \_\_\_\_\_ Testis: \_\_\_\_\_

### TENDON REFLEXES:

Knee Jerk: \_\_\_\_\_ Babinski: \_\_\_\_\_ Rhomberg: \_\_\_\_\_ Finger to nose: \_\_\_\_\_

### UPPER EXTREMITIES:

Hands: \_\_\_\_\_ Wrist: \_\_\_\_\_ Elbows: \_\_\_\_\_ Shoulder Girdle: \_\_\_\_\_

**LOWER EXTREMITIES: *Skin (Open or Superfative lesions):* *Any indications of active renal disease:***

### PHYSICAL HISTORY:

Chest Pains: \_\_\_\_\_ Fainting Spells: \_\_\_\_\_ Spitting of Blood \_\_\_\_\_  
Shortness of Breath \_\_\_\_\_ Frequent Headaches: \_\_\_\_\_  
Convulsions: \_\_\_\_\_ Head Injury: \_\_\_\_\_  
Operations: \_\_\_\_\_ Diabetes: \_\_\_\_\_  
Unconsciousness from training or competing: \_\_\_\_\_  
Unconsciousness from any other sport or for any other reason: \_\_\_\_\_

### FOR WOMEN:

Pregnancy Test: \_\_\_\_\_ Breast Exam: \_\_\_\_\_ Gynecological Exam: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The medicals must be signed off by a Physician and stamped by his/her office along with your blood work results. **ALL Fighters** must be tested for HIV, Hepatitis B Surface Antigen, and Hepatitis C Antibody A. The test results must be returned via fax or email and made to the attention of Eugene Perez or Ed Kinner no later than **10 days** prior to your fight.*