



## PHYSICAL EXAMINATION FOR MMA REFEREE APPLICANT

Height _____	Weight _____
<b>EXAMINATION RESULTS</b>	
VISION: Right eye with glasses _____ Left eye with glasses _____	Right eye without glasses _____ Left eye without glasses _____
HEARING _____	CHEST _____
NASAL OBSTRUCTIONS _____	LUNGS _____
TEETH _____	BACK _____
THROAT _____	DEFORMITIES _____
HEART _____	VARICOSE VEINS _____
REFLEXES _____	TEMPERATURE _____
BLOOD PRESSURE: At rest _____ After exercise _____	HERNIA _____

**EXAMINING PHYSICIAN: The following section must be completed.**

I have evaluated the above named contestant and/or license applicant and ordered the requested exams. Listed are any significant abnormalities either in my physical or the testing. Also listed are the steps I took to clarify any problem.

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PLEASE CHECK ONE:  I HAVE  I HAVE NOT

**MEDICALLY CLEARED ABOVE NAMED CONTESTANT AND/OR LICENSE APPLICANT TO REFEREE IN A MMA EVENT.**

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PRINT Licensed Physician's Name _____	License Number _____
Physician's Signature _____	Date _____

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Street Address _____	City _____	State _____	Zip Code _____
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(      )  
Telephone Number \_\_\_\_\_

**APPLICANT:**

I declare under penalty of perjury under the laws of the State of Michigan that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

I hereby **AUTHORIZE** the Michigan Unarmed Combat Commission and or any physician employed by the Michigan Unarmed Combat Commission to **RELEASE** any and all medical information and/or personal information with respect to my status and licensure as a professional contestant which may contain any of the Commission's records. I further authorize the commission to **RELEASE** this information to any person who the commission determines has a need to know. I **AGREE** that I will fully cooperate with the Commission in making my medical history available including but not limited to giving oral or written reports to the Commission regarding my medical condition, care and/or treatment.

I further **RELEASE, PROMISE TO HOLD HARMLESS, AND CONVENANT NOT TO SUE** the Commission or any representatives of the Michigan Unarmed Combat Commission on the basis of its disclosure. I have signed the release voluntarily and of my own free will. I further agree that a photographic copy of this **AUTHORIZATION** shall be valid as the original.

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Name Printed \_\_\_\_\_

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Signature of Applicant _____	Date _____
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