

12. Do have any health problem or physical condition that would prevent your performance as a professional combatant? _____
If so, please provide details: _____

13. Have you ever tested positive for HIV or AIDS? _____ If so, please provide details:

I hereby certify to the best of my knowledge and belief that the above statements are true and correct and I understand that any deliberate misstatement will subject me to disciplinary action by the Tennessee Athletic Commission.

Combatant Signature

Date

PHYSICIAN STATEMENT (PHYSICIAN TO FILL OUT):

1. Weight _____	Blood Pressure _____
Height _____	Evidence of Venereal Disease _____
Temperature _____	Scrotal Evidence of Hernia _____
Pulse (Sitting) _____	Infectious Eye or Skin Disease _____
Pulse (Standing) _____	General Physical Condition _____
Lungs _____	
Heart _____	

2. **Orientation:** Date, Place and Person _____

Memory: Recent and Remote Events _____

Head: Record any Deformities or Areas of Tenderness _____

Periorbital Margins: Look for recent scars, tenderness and swelling _____

Eyes: Pupils Regular _____ Equal _____ React to light/accommodation _____

Ears: Auditory acuity for conversational voice _____

Indicate if normal or grossly impaired _____

Right Ear _____ Left Ear _____

Nose: Note any gross deformity or tenderness _____

Neck: Note any masses, pulsations, etc. _____

Abdomen: Inguinal Region, Note any tenderness, masses scars or hernia _____

Musculoskeletal System: Posture _____ Spinal Curvature _____

Lymphatic System: Examine cervical, maxillary, supraclavicular, axillary, epitrochlear and inguinal node groups for adenopathy _____

Physical Evidence of presence of drugs or alcohol _____

Recommendations: If any for further specialized examination and/or consultation: _____

PHYSICIAN CERTIFICATION:

Based on your personal observation and review of the test results, and considering Tennessee Athletic Commission rules, is it your medical opinion that this applicant is physically fit to be licensed and compete in combative sports?

[] Yes [] No; If no, please explain: _____

I hereby certify that I, _____, have examined the above referenced combatant on this _____ day of _____ 20____
at _____ a.m. /p.m.

Physician Signature and License Number