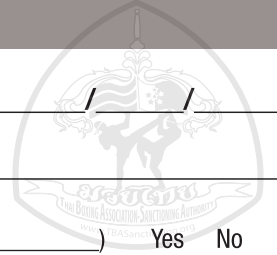


TBA-SA FIGHTER PRE-PHYSICAL FORM



Fighter's Name: _____ Date of Event: ____/____/____

Name of Promotion: _____

TO BE COMPLETED BY FIGHTER

Do you have personal medical insurance? (Name of policy holder: _____)	Yes	No
Have you ever been diagnosed with Diabetes?	Yes	No
Do you ever experience chest pains while exercising?	Yes	No
Have you ever been diagnosed with Asthma? If yes, do you require an inhaler? Yes No	Yes	No
Have you ever been diagnosed with a heart defect or condition such as irregular rhythm, heart murmur, etc?	Yes	No
If Yes, Please Explain: _____	Yes	No
Do you have a congenital defect? If yes, what kind? _____	Yes	No
Do you have Sickle Cell Trait?	Yes	No
Have you ever been hospitalized?	Yes	No
If Yes, Please Explain: _____	Yes	No
Please list past surgeries and approximate dates: _____	Yes	No
Do you have any vision problems? _____	Yes	No
Do you wear contact lenses? Yes No	Yes	No
Have any immediate family members died before the age of 50? Cause? _____	Yes	No
Have you ever been diagnosed with high blood pressure?	Yes	No
Have you ever had a head injury or concussion? If yes, list most recent 3: ____/____/____ ____/____/____ ____/____/____	Yes	No
Have you been knocked unconscious? If yes, list most recent 3: ____/____/____ ____/____/____ ____/____/____	Yes	No
Have you ever had a contagious skin infection? If yes, circle all that apply: Staph MRSA Ringworm Other	Yes	No
If yes, when was last outbreak? ____/____/____ Are you treating a skin infection now? Yes No	Yes	No
If yes, location(s) of skin infection(s): _____	Yes	No
List Medications/Supplements you are currently taking:	Yes	No
List fractures, dislocations, sprains or strains that required medical treatment in the past year:	Yes	No

"I have answered the above questions honestly and will opening and honestly discuss all medical history or concerns with the attending Medical Staff."

Fighter's (Guardian's) Signature: _____ Date: ____/____/____

TO BE COMPLETED BY MEDICAL STAFF

Pulse: _____ Blood Pressure: _____ Eyes: _____ Heart: _____	Lungs: _____ Hands: _____ Skin: _____ Appearance: _____	Notes:
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Medical Staff Signature: _____ Medic Name Printed: _____

TO BE COMPLETED BY TBA-SA REPRESENTATIVE

All Required Paperwork completed: Yes No Time Completed: _____ am pm

TBA-SA Rep Signature: _____

Printed Name of Rep: _____

Fighter's Official Weight: _____ Made Weight? Y N Notes:
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