



**IKF REFEREE PRE-EVENT PHYSICAL EXAMINATION**

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**ONLY A LICENSED PHYSICIAN ( MD OR DO ) MAY CONDUCT THIS EXAMINATION AND COMPLETE THIS FORM IN ITS ENTIRETY. REGULATION OF THE CSAC Rule 375.**



EVENT DATE: \_\_\_/\_\_\_/\_\_\_ PROMOTER: \_\_\_\_\_ EVENT LOCATION: \_\_\_\_\_

**(1) TO BE COMPLETED BY THE REFEREE**

Do you have any illness, disease, or other condition that may impair your ability to perform as a referee, including any recent major surgery, concussion, stroke, or other injury to the brain? \_\_\_NO \_\_\_YES

If yes, describe \_\_\_\_\_

List all medications you are currently taking (*over-the-counter or prescribed*).

When was the last time you took any type of medication or drug? (*State what type and when – be specific.*)

Do you have uncorrected vision acuity of at least 20/100 in both eyes? \_\_\_NO \_\_\_YES

Do you have any eye problem that might impair your ability to perform as a referee? \_\_\_NO \_\_\_YES

Are you currently experiencing any chest pains or shortness of breath? \_\_\_NO \_\_\_YES

I declare under penalty of perjury under the laws of the State of California that the above answers are true & correct.

Print Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**(2) TO BE COMPLETED BY THE PHYSICIAN**

Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_ Temp: \_\_\_\_\_

Pulse Rate Resting: \_\_\_\_\_ Blood Pressure Resting: \_\_\_\_\_ \*H.E.E.N.T: \_\_\_\_\_

(\*) Head, Ears, Eyes, Nose, Throat

NOTES: Explained Abnormalities: \_\_\_\_\_

\_\_\_\_\_ I have examined the above-named person and find his/her physically fit to Referee in a Kickboxing and or Muay Thai event for the above date.

\_\_\_\_\_ I have examined the above-named person & he/she has a condition that impairs his/her ability to perform as a Referee in a Kickboxing and or Muay Thai Event & shall not be permitted to referee this event.

**Any Doctor Remarks**

**EVENT PHYSICIAN CONDUCTING THIS EVALUATION:**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_\_\_