



**IKF PHYSICIAN'S
POST-BOUT EVALUATION**



BOUT NUMBER: _____ **CORNER:** **RED** **BLUE**

FIGHTERS NAME: _____

	WON	LOST			
DECISION	KO	TKO	DRAW	DQ	NC

No Entry Indicates Grossly Normal Findings.

Time Of Initial Evaluation: _____:_____ PM AM

Fighter Stable: Yes No

ONLY NOTE ABNORMAL IF ATTENTION NEEDED

	<u>ABNORMAL</u>	<u>ABNORMAL</u>	<u>ABNORMAL</u>
Alertness/Orientation	Jaw/Oropharynx/Teeth	Hands/wrists	
Head/Periorbital/CN's	Neck	Skin (Lacerations)	
PERRLA/EOMI/Vision	Heart/Lungs	Gait/Motor (grossly)	
Ears/Hearing (grossly)	Chest/Ribs/Abdomen	Neuro (grossly)	
Nose (stability/obstruction)	Extremities	Other: _____	

NOTES OF ABNORMALITIES: _____

Mechanism of Injury/Diagnoses: _____

Report To MD For 2nd Evaluation In: 15 min. 30 min. Failed To Report For 2nd Evaluation

Results/Time Of Second Evaluation: _____

RECOMMENDED MEDICAL ATTENTION:

CT Scan of Brain: _____ CT Scan: _____ X-Ray: _____

Examination / Follow up by:

Ophthalmologist Neurologist Orthopedic Doctor Primary Care Doctor

Referred to Emergency Department at: _____

Fighter Refuses Advice Of Physician

COMMENTS: _____

_____ Physician's Name, M.D./D.O	_____ Signature	_____ License No.	_____ Date
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