



United States Fight League

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YOUTH PANKRATION PHYSICAL

Name:	Address:	D.O.B.	Age:
City:	State:	Zip:	Phone:

QUESTIONS FOR THE ATHLETE: IF YES, EXPLAIN BELOW (Must be completed by parent/guardian)

1. Are you currently being treated by a doctor for any condition?
Explain:
2. Have you had any concussion?
Explain:
3. Have you ever been rendered unconscious?
Explain:
4. Have you received a head injury in the last 6 weeks?
Explain:
5. Have you had any headaches in the last 2 weeks?
Explain:
6. Do you have any bleeding disorders or problems with excessive bleeding?
Explain:
7. Do you have any history of Hepatitis B or C, or HIV infection?
Explain:
8. Have there been any unexpected deaths or history of disease in your family?
Explain:
9. Have you had any surgeries?
Explain:
10. Have you ever had to stay in the hospital?
Explain:
11. Have you ever had swollen joints?
Explain:
12. Have you ever had any shortness of breath, fainting or dizzy spells?
Explain:
13. Have you ever had any convulsions or seizures?
Explain:
14. Do you have any other medical conditions not mentioned above?
Explain:

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UNITED STATES FIGHT LEAGUE CERTIFICATE

Athlete's Name: *(Please print name)*

Date of Birth:

MEDICAL CERTIFICATE				REMARKS
If Athlete had a concussion in the past year, please certify that:	Medical Examination following rest period after concussion was normal. Athlete fit to compete.	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/Psychological	Brief Survey	Normal	Abnormal	
Head	Cranial nerves, eyes pupil size and reactivity.	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardiovascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: Sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic System	Upper limb: Shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower Limb: Foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal responses	Normal	Abnormal	
	Motor responses and balances	Normal	Abnormal	
Allergies	(Record)	Yes	No	
	Type of Reaction (Record)			
Medications used	Name and dosage (List)	Yes	No	

Medical Doctor

Name:

Title:

Address:

Signature:

Date:

Approved for competition: YES NO

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