



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:

This page is the questionnaire for doctor. Not needed by USFL



UNITED STATES FIGHT LEAGUE CERTIFICATE

Athlete's 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 (YES OR NO MUST BE CIRCLED)

THIS PAGE MUST HAVE NAME OF ATHLETE ON TOP WITH DOCTORS SIGNATURE OR STAMP & DATE