ISKA ARIZONA

PHYSICAL EXAM
PHYSICAL EXAMINATION FOR UNARMED COMBATANT

Applicant Phone: (_____)_____-_____

APPLICANT INFORMATION

☐ MALE ☐ FEMALE

Applicant
Last Name _____ First Name _____ Middle _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

PHYSICAL HISTORY

Has applicant had any of the following conditions:

☐ Fainting spells	☐ Rupture (hernia)	☐ Chest pain	☐ Operations
☐ Shortness of breath	☐ Swollen joints	☐ Rheumatism	☐ Diabetes
☐ Frequent head aches	☐ Convulsions (fits)	☐ Chronic cough	☐ Bleeding disorder
☐ Spitting blood	☐ Cerebral hemorrhage or any other serious injury		

Number of knockouts received _____ Date of last knockout _____
Longest duration of unconsciousness _____
Have you ever been knocked unconscious in any other sport or in any other way? ☐ Yes ☐ No
If yes, explain: _____

KICKBOXING / UNARMED COMBAT RECORD

Amateur Boxing	Wins_____	Losses_____	Draws_____
Amateur MMA	Wins_____	Losses_____	Draws_____
Amateur Kickboxing / Muay Thai	Wins_____	Losses_____	Draws_____

PHYSICAL EXAMINATION

General appearance _____ Height _____ Weight _____ Temperature _____
Disabling scars _____ Mouth _____ Teeth _____ Tonsils _____ Neck _____
Pulse at rest _____ Blood pressure at rest _____
Pulse after 100 hops _____ Blood pressure after 100 hops _____
Blood pressure 2 minutes later _____
Enlarged glands ☐ Yes ☐ No Goiter ☐ Yes ☐ No
Heart: Pulse rhythm ☐ Regular ☐ Irregular Apical impulse ☐ Heavy ☐ Normal
Enlargement ☐ Yes ☐ No Murmurs ☐ Yes ☐ No
Lungs: Rales ☐ Yes ☐ No
Breasts: Mass ☐ Yes ☐ No Tenderness ☐ Yes ☐ No Discharge ☐ Yes ☐ No
Abdomen: Enlargement of liver ☐ Yes ☐ No Enlargement of spleen ☐ Yes ☐ No
Hernia ☐ Yes ☐ No Enlargement of spleen ☐ Yes ☐ No
Testicles: Normal ☐ Yes ☐ No Remarks: _____
Pelvic: Normal ☐ Yes ☐ No Remarks: _____
Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____
Skin: Rash _____ Boils _____ Any other unhealed wounds: _____
Speech: Slurred? ☐ Yes ☐ No Other: _____
General issues (memory, judgment): _____
Remarks: _____
_____

14260 W. Newberry Road #341
Newberry, FL USA 32669-2765
www.ISKAWorldhq.com

EXAMINING PHYSICIAN (MUST BE AN MD OR DO PHYSICIAN)

I have examined the above named subject and I ☐ HAVE ☐ HAVE NOT medically cleared to fight.

Remarks: _____

_____

PHYSICIAN'S NAME / LICENSE # (PLEASE PRINT) SIGNATURE BY (MD or DO) ONLY DATE

OFFICE NAME

STREET ADDRESS

I AUTHORIZED any physician to release to the International Sport Kickboxing Association (ISKA) any medical record in his/her possession. I also authorize the International Sport Kickboxing Association (ISKA) to release any medical information or other personal information with respect to my status and licensure as an unarmed combatant which may be contained I any of its records to other approved sanctioning organizations or state commissions. I agree that a photographic copy of this authorization shall be valid as the original. I agree that this authorization will be valid for a period of one year from the date indicated in this document

personal information with respect to my status and licensure as an unarmed combatant which may be contained I any of its records to other approved sanctioning organizations or state commissions. I agree that a photographic copy of this authorization shall be valid as the original. I agree that this authorization will be valid for a period of one year from the date indicated in this document

NAME OF APPLICANT (PLEASE PRINT) **APPLICANT'S SIGNATURE** **DATE**