



ISCF PHYSICIAN'S POST-BOUT EVALUATION



FIGHTERS NAME: _____
Won Lost Decision KO TKO Draw DQ NC

(No entry indicates grossly normal findings.) Time of initial evaluation: _____

Fighter Stable: Yes No RR: _____ BP: _____ / _____ HR: _____

ONLY NOTED **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 Second Evaluation In: 15 min. 30 min. Failed To Report For Second 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 _____

International Sport Combat Federation, P. O. Box 1205, Newcastle, CA, 95658 - (916) 663-2467 - www.ISCFMMA.com - www.USAMMA.com



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