

POST-MATCH PHYSICAL EXAMINATION REPORT

PARTICIPANT'S NAME: _____ DATE: ____/____/____ TIME OF MATCH: ____ AM/PM

TIME OF EXAM: ____ AM/PM

INITIAL IMPRESSION: NO YES (please explain): _____
 IS ADDITIONAL EXAM NEEDED?

NUMBER OF ROUNDS COMPLETED: _____ ROUNDS

LOC? NO DAZED YES - HOW LONG? _____

TYPE OF ENDING: TECHNICAL KNOCKOUT (30 DAYS MINIMUM)
 KNOCKOUT (60 DAYS MINIMUM)
 DISTANCE
 OTHER: _____

DID THE PARTICIPANT EXIT THE RING/FENCED AREA UNASSISTED? YES NO (please explain): _____

ANY OTHER INJURIES? NO YES (please explain): _____

GLASCOW COMA SCORE:

EYES OPEN: _____
 SPONTANEOUSLY (4)
 TO VOICE (3)
 TO PAIN (2)
 NONE (1)

SPEECH: _____
 NORMAL (5)
 DISORIENTED (4)
 INAPPROPRIATE (3)
 INCOHERENT (2)
 NONE (1)

MOTOR: _____
 NORMAL (6)
 LOCALIZES (5)
 WITHDRAWS (4)
 FLEXOR EXT. (3)
 NONE (2)
 NONE (1)

FINAL COMA SCORE:
 EYES OPEN _____
 SPEECH _____
 MOTOR _____
 TOTAL _____

PHYSICAL EXAM:

PULSE: _____ RESPIRATORY RATE: _____

GENERAL: NORMAL

FINAL IMPRESSION:

RECOMMENDED SUSPENSION, MEDICAL TESTING or FOLLOW-UP (if any):

RINGSIDE PHYSICIAN'S NAME

RINGSIDE PHYSICIAN'S SIGNATURE