FLORIDA STATE BOXING COMMISSION 1940 NORTH MONROE STREET TALLAHASSEE, FLORIDA 32399-1016 PHONE: 850.488.8500 FAX: 850.922.2249

## DILATED OPHTHALMOLOGICAL EXAMINATION (To be performed ONLY by an OPHTHALMOLOGIST or OPTOMETRIST)

## To be completed by Participant (Fighter)

NAME:					
(LAST)		(FIRST)		(MIDDLE)	
AGE:	BIRTH DATE:				
HAVE YOU EVER HA	AD ANY EYE DIS	EASES? Y	ES NO		
List the nat	ure of diseases:				
HAVE YOU EVER SU	JFFERED ANY E	YE INJURY?			
HAVE EITHER OF YO DETACHED RETINA					
EXAMINATION	- To be con	npleted b	y examining	Ophthalmologist o	or Optometrist
Date of Examination	:				
VISION: NAKED EVE:	(LEET)	WITH COD	DECTIVE LENCE	C. (I EET)	
NAKED EYE:	(RIGHT)	WITH CON	NECTIVE LENSE	(RIGHT)	
REMARKS:					
ANY EVIDENCE OF I	PRESENT OR FO	ORMER DISE	ASE? GIVE SPEC	CIFICS	***************************************
					And the state of t
LE LIDS? :	EFT/ RIGHT /	F	REMARKS		
CONJUNCTIVA?:		-			
GLAUCOMA? :	1				
CORNEA? :	/				
PANNUS? :	/				
RIS?:	/	Ministration and			
CHOROID?:	/				
PTOSIS?:	/				*****
RETINA?:	/				
F TRACHOMA IS PR	RESENT, IS IT AC	TIVE? :	(L)/_	(R)	
WHEN WAS IT LA	ST TREATED?:				
DISCHARGE?:					Minimum and a second
FOLLICIES? :	/				<del></del>
CORNEAL LEUCOM	72 /				Ad-distriction and the second
DOMNEAL LEGGOWA		-	***************************************		
				S MADE BY THE PARTICIP	
				RTICIPANT HAS A NORMA	
AND IS ABI	LE TO ENGAGE	IN BOXING, I	KICKBOXING, OF	R MIXED MARTIAL ARTS IV	IATCHES.
☐ THEREBY (	CEDTIEV THAT E	ACED ON T	UE OTATEMENITO	S MADE BY THE PARTICIF	MANT AND/OD MAY
				RTICIPANT DOES NOT HA' , OR MIXED MARTIAL ART	
L12 0011B	THON TO ENGA	OL IN DOMIN	io, richboxino,	ON WINED WANTIAL AND	S MATORIES.
SIGNATURE OF OPHTHALMOLOGIST/OPTOMETRIST				(PLEASE PRINT) NAME (	
				OPHTHALMOLOGIST/OF	'TOMETRIST
IOTAIOT ATTENDED	SE OBLITICA	1.00107/0-			
LICENSE NUMBER O	OF OPHTHALMO	LOGIST/OP	OMETRIST	OFFICE PHONE NUMBER	
				OPHTHALMOLOGIST/OF	TOMETRIST
CITY STATE ZID OF	ODUTUAL	00107/007	METPIO		

BPR-0009-665