



OFFICE OF COMBATIVE SPORTS

OPHTHALMOLOGICAL EXAMINATION

Only a licensed ophthalmologist or optometrist may conduct this examination and complete this form. The exam must be completed in person, as exams administered virtually are not accepted.

APPLICANT INFORMATION

Last name First name Middle name Date of birth

EXAMINATION

Table with 4 columns: Vision, Without, With glasses, Refraction: If either eye is 20/40 or worse. Rows for RIGHT and LEFT.

Remarks: Intraocular Tension Right Left mmHg Motility Normal Abnormal Binocular vision Normal Abnormal

Table for Slit Lamp Exam with columns: Slit Lamp Exam, Normal (RIGHT, LEFT), Abnormal (RIGHT, LEFT), Specific abnormalities. Rows: Conjunctiva cornea, Iris/Pupil, Lens, Eyelids.

Table for DIRECT Ophthalmoscopy (Dilated pupil) with columns: DIRECT Ophthalmoscopy (Dilated pupil), Normal (RIGHT, LEFT), Abnormal (RIGHT, LEFT), Specific abnormalities. Rows: Macula, Vessels, Peripheral retina.

Based on your personal observation and review of the exam results, is it your medical opinion that this individual is cleared to be licensed and compete in combative sports? YES NO

If no, please explain:

Physician's name Signature License number Date

Email Phone Clinic/Hospital