**New York State**
**DEPARTMENT OF STATE**
**STATE ATHLETIC COMMISSION**
**123 William Street**
**New York, NY 10038-3804**

Telephone: (212) 417-5700
www.dos.ny.gov/athletic

# History and Physical Examination Record for License as a Boxer

## SECTION 1 — TO BE COMPLETED BY BOXER

**Personal History**

THIS IS MY (CHECK ONLY **ONE** BOX): ☐ First Application ☐ Renewal Application

TODAY'S DATE

1. LEGAL NAME

2. RING NAME

3. STREET ADDRESS (HOME) TELEPHONE # EMAIL ADDRESS

CITY STATE ZIP CODE + 4

4. DATE OF BIRTH

5. COUNTRY OF BIRTH

Are you a U.S. citizen? ☐ YES ☐ NO

6. MANAGER'S NAME

7. TRAINER'S NAME

☐ MALE ☐ FEMALE

8. CIRCLE THE HIGHEST YEAR OF SCHOOLING YOU HAVE **COMPLETED**

ELEMENTARY 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12

COLLEGE 1 2 3 4 OTHER: _____

**Boxing History**

9. PRESENT WEIGHT DIVISION

10. NUMBER OF YEARS YOU HAVE BEEN BOXING — AMATEUR — PROFESSIONAL

11. YOUR AGE AT FIRST FIGHT

12. PROFESSIONAL BOXING RECORD — WON — LOST — DRAW

13. NUMBER OF AMATEUR FIGHTS

14. DATE OF LAST BOUT — OUTCOME

15. Have you ever been knocked out or suffered a TKO during a match? ☐ YES* ☐ NO

***If YES, explain***: _____

16. Have you ever been suspended medically after a match? ☐ YES* ☐ NO

***If YES, explain***: _____

17. Have you ever been hospitalized after a match? ☐ YES* ☐ NO

***If YES, explain***: _____

18. How many rounds do you box (i.e., spar) during one week? _____

19. In which states are you licensed to box professionally? _____

20. How many weeks in advance do you prepare for a bout? _____

21. How much weight do you lose in preparation for a bout? _____

22. How many days prior to a boxing match do you stop sparring? _____

23. Do you use a sauna to lose weight? ☐ YES ☐ NO

24. Do you use diuretics or water pills prior to a bout to lose weight? ☐ YES ☐ NO

25. Gym name, address and telephone #: _____

**Medical History**

26. Have you ever been unconscious for any reason? ☐ YES* ☐ NO

***If YES, explain***: _____

27. Do you have any skin problems? ☐ YES ☐ NO

28. Do you bruise easily (get black and blue marks)? ☐ YES ☐ NO

29. Have you ever been treated for alcohol or drug abuse? ☐ YES ☐ NO

30. Did you ever suffer a nervous breakdown or emotional problems? ☐ YES ☐ NO

31. Do you suffer from headaches, dizziness or memory problems? ☐ YES ☐ NO

## SECTION 1 CONTINUED — TO BE COMPLETED BY BOXER

32. Have you ever had epilepsy (convulsions or fits)? ☐ YES ☐ NO
33. Have you ever suffered a sudden loss of vision? ☐ YES ☐ NO
34. Do you suffer from blurred, defective or double vision? ☐ YES ☐ NO
35. Have you ever suffered from a ringing or buzzing noise in your ears? ☐ YES ☐ NO
36. Have you ever suffered from decreased hearing? ☐ YES ☐ NO
37. Do you have a well fitted mouthpiece? ☐ YES ☐ NO
38. Do you have any allergies? ☐ YES* ☐ NO

***If YES, explain***: _____

39. Do you suffer from shortness of breath or irregular beating of the heart? ☐ YES ☐ NO
40. Do you smoke? ☐ YES ☐ NO
41. Do you suffer pain or pressure (heaviness) in the chest? ☐ YES ☐ NO
42. Have you ever been told that you have heart disease? ☐ YES ☐ NO
43. Have you ever coughed up blood or been told that you have lung disease? ☐ YES ☐ NO
44. Do you have a cough or wheezing? ☐ YES ☐ NO
45. Have you ever been told that you have an ulcer or any other abdominal disease? ☐ YES ☐ NO
46. Have you ever suffered from any bone-joint disease? ☐ YES ☐ NO
47. Have you ever suffered from any back, neck, shoulder, arm or leg injuries? ☐ YES ☐ NO
48. Do you have any difficulties with bowel movements or urination? ☐ YES ☐ NO
49. Have you ever been treated for venereal disease (e.g., syphilis, gonorrhea)? ☐ YES ☐ NO
50. Have you ever had any major illness or surgical operation? ☐ YES ☐ NO
51. Have you ever been hospitalized? ☐ YES ☐ NO
52. Have you seen a doctor, dentist or any health professional in the past year? ☐ YES ☐ NO
53. Do you or any member of your family have sickle cell anemia? ☐ YES ☐ NO
54. Has any member of your family had any neurological or brain disorders? ☐ YES ☐ NO
55. Have you any other information concerning your health — ***past*** and ***present*** —
56. which has not been covered by the above questions? ☐ YES ☐ NO

*Comments, if any:*

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**Applicant Certification** — I hereby certify that the above statements are true and correct to the best of my knowledge and belief. I further understand that all statements and information supplied by me are made under the penalty of perjury and, if untrue and not informative, will lead to penalty and/or suspension.

**X** _____ _____

*Applicant Signature* *Date*

**X** _____ _____

*Physician's Signature* *Date*

_____ _____

*Reviewed by (Physician)* *Date*

## SECTION 2 — PHYSICAL EXAMINATION — TO BE COMPLETED BY EXAMINING PHYSICIAN

**1. VITAL SIGNS**

| A) BLOOD PRESSURE | B) PULSE (AT REST) | C) PULSE (AFTER 20 HOPS) | D) PULSE (2 MINUTES AFTER EXERCISE) |
|---|---|---|---|
| | | | |

COMMENT

**2. HEAD AND FACE (Describe scars, swelling, tenderness, etc.)** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**3. EYES**

A) RETINA ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

B) CORNEA AND CONJUNCTIVEA ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

C) VISUAL ACUITY (SNELLEN CHART)

| UNCORRECTED: RIGHT | UNCORRECTED: LEFT | CORRECTED: RIGHT | CORRECTED: LEFT |
|---|---|---|---|
| | | | |

**4. EARS (Including tympanic membrane, external auditory canals, auditory acuity for conversational voice)** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**5. NOSE** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**6. OROPHARYNX** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**7. NECK** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**8. LUNGS** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**9. THORAX/CHEST** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**10. HEART** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**11. ABDOMEN and INGUINAL AREA** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

## SECTION 2 CONTINUED — TO BE COMPLETED BY EXAMINING PHYSICIAN

**12. BACK and SPINE** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**13. EXTREMITIES/MUSCULOSKELETAL SYSTEM** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**14. SKIN** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**15. LYMPHATIC SYSTEM** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**16. NERVOUS SYSTEM — CRANIAL NERVES**

A) VISUAL FIELD . . . . . ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

B) PUPILLARY REACTION (also, NOTE ANY PTOSIS) . . . . . ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

C) EXTRAOCULAR MOVEMENTS (also NOTE NYSTAGMUS) . . . . . ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

D) FACIAL SYMMETRY . . . . . ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

E) GAG REFLEX and TONGUE . . . . . ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**17. MOTOR FUNCTION** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**18. COORDINATION (Finger to Nose, Heel to Knee — rapid successive movements)** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**19. GAIT/ROMBERG** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

**20. REFLEXES** ☐ NORMAL ☐ ABNORMAL ☐ NOT EXAMINED

## SECTION 2 CONTINUED — TO BE COMPLETED BY EXAMINING PHYSICIAN

**21. MENTAL STATUS**

**A. ORIENTATION** (1 POINT EACH)

| | | | |
|---|---|---|---|
| MONTH | 0 | 1 | |
| DATE | 0 | 1 | |
| DAY OF WEEK | 0 | 1 | |
| YEAR | 0 | 1 | |
| TIME (WITHIN ONE HOUR) | 0 | 1 | **/ 5** |
| | | | **SCORE** |

**B. IMMEDIATE MEMORY** (1 POINT FOR EACH CORRECT; **TOTAL** OVER 3 TRIALS)

| LIST | TRIAL 1 | TRIAL 2 | TRIAL 3 |
|---|---|---|---|
| CHAIR | | | |
| BLUE | | | |
| ORANGE | | | |
| PENCIL | | | |
| BEACH | | | |
| **TOTAL** | | | **/ 15** **SCORE** |

**C. CONCENTRATION**

**REVERSE DIGITS** (GO TO NEXT STRING LENGTH IF CORRECT ON FIRST TRIAL. STOP IF INCORRECT ON BOTH TRIALS. 1 POINT FOR EACH STRING LENGTH)

| | | | |
|---|---|---|---|
| 6 9 7 | 4 2 3 | 0 | 1 |
| 3 8 5 9 | 6 8 4 3 | 0 | 1 |
| 5 4 2 8 6 | 1 5 8 6 4 | 0 | 1 |
| 2 7 5 3 9 4 | 7 3 6 1 9 8 | 0 | 1 |

**MONTHS IN REVERSE ORDER** (1 POINT FOR ENTIRE SEQUENCE CORRECT)

DEC - N0V - OCT - SEP - AUG - JUL
JUN - MAY - APR - MAR - FEB - JAN . . . . . 0 1 **/ 5**
**SCORE**

**D. DELAYED RECALL** (1 POINT EACH)

| | | | |
|---|---|---|---|
| CHAIR | 0 | 1 | |
| BLUE | 0 | 1 | |
| ORANGE | 0 | 1 | |
| PENCIL | 0 | 1 | |
| BEACH | 0 | 1 | **/ 5** |
| | | | **SCORE** |

**/ 30**

**TOTAL POINT SCORE**

☐ If boxer applicant scores **less than 18 points** on the mental status examination, further neurological work-up is indicated *unless* the score can be explained on the basis of education and/or a language barrier (*please note explanation on page 6 of 6*)

## SECTION 2 CONTINUED — TO BE COMPLETED BY EXAMINING PHYSICIAN

*21. MENTAL STATUS, continued . . .*

**Explanation of score less than 18 points:**

## DIAGNOSTIC EVALUATION

| | Brain Scan | Electrocardiogram | Eye Exam | HIV | HBSAG | HCAB |
|---|---|---|---|---|---|---|
| DATE | | | | | | |
| RESULTS | | | | | | |

**Physician's Certification —** I hereby certify that I have examined (*print full legal and ring name of applicant*)

on this day, (*insert date*)_____, and have found that:

____ **There are no abnormalities** on this applicant's physical examination that contraindicate participation in boxing.

____ **There are abnormalities** on this applicant's physical examination that contraindicate participation in boxing (*specify*):

*Name of Physician (PRINT)*:

*Signature of Physician*: **X**

*Office Address*:

*Office Telephone Number*: