New York State
Department of State
State Athletic Commission
P.O. Box 22090
Albany, NY 12201-2001
Fax: (518) 474-3795
www.dos.ny.gov/athletic

New York State Athletic Commission

New York State
Department of State
State Athletic Commission
123 William Street
New York, NY 10038-3804
Telephone: (212) 417-5700
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Application for Professional Combative Sport Official License (Referee, Judge or Timekeeper License)

***Read** the instructions carefully before completing the application. Incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.*

What is the fee and term for a Professional Boxing Referee, Judge and Timekeeper License?
The fee for a Boxing Referee and Judge License is $50.00. The fee for a Boxing Timekeeper License is $10.00. A Referee, Judge or Timekeeper License for the sport of boxing is valid until the September 30th following the date the license is issued.

What is the fee and term for a Professional Mixed Martial Arts Referee, Judge and Timekeeper License?
The fee for a Mixed Martial Arts Referee and Judge License is $100.00. The fee for a Mixed Martial Arts Timekeeper License is $40.00. A Referee, Judge or Timekeeper License for the sport of mixed martial arts is valid for one year from the date the license is issued.

When do I apply for an original license?
You can apply for an original license at any time. However, if you plan to participate in a scheduled event, you are encouraged to submit your license application and required documentation two weeks prior to that event to allow for adequate processing time.

When do I renew my license?
You can renew your license three months prior to and three years beyond the license expiration date. If you fail to renew within the three year deadline, you must submit an original license application with the required documentation.

Do I need to be Fingerprinted?
No. Fingerprinting is not required.

Why do I need to provide my email address?
You will receive your license and any correspondence related to your license or application by email. If your address changes, submit an amendment application to this office providing your new email address.

What are the experience requirements for a new Combative Sport Referee, Judge or Timekeeper License?
New Timekeeper License applicants must prove proficiency in officially sanctioned amateur or professional Combative Sport timekeeping or have an ABC approved Timekeeper Training Course Completion Certificate. New **Boxing Referee or Judge License applicants must have a minimum of 400 rounds of experience and new Mixed Martial Arts Referee or Judge License applicants must have a minimum of 200 rounds of experience** in any combination of officially sanctioned amateur or professional matches. New Referee and Judge License applicants must also have an ABC approved Referee or Judge Training Course Completion Certificate. To prove your experience, you must provide at least one letter of reference from each amateur sanctioning organization or athletic commission overseeing the events(s).

Do I have to pass an exam or be interviewed by the New York State Athletic Commission to become licensed?
You may be required to pass an exam or be interviewed by New York State Athletic Commission representatives based on the experience you report.

What medical test results are required to be licensed?
The following medical test results with test dates are required:
- Completed History and Physical Examination Record for License as a Judge or Referee completed within 1 year (for Referee and Judge applicants)
- Dilated eye exam performed by an optometrist or ophthalmologist completed within 1 year (for Referee and Judge applicants)
- 12-Lead EKG completed within 1 year (for Referee applicants)
- Hepatitis B Surface Antigen – Dated within 1 year (for Referee applicants)
- Hepatitis C Antibody – Dated within 1 year (for Referee applicants)
- HIV – Dated within 1 year (for Referee applicants)

What documentation proves my training and experience as a Referee, Judge or Timekeeper?
- Letter of reference from any amateur sanctioning organization and athletic commission overseeing the event(s) for which your experience was gained
- Association of Boxing Commissions approved training course completion certificate(s) for Referee, Judge or Timekeeper
- Combative sport resume and list of references
- Neurological seminar completion certificate(s) or proof of experience and/or training in recognizing detrimental neurological symptoms (for Referee applicants)

What documents are required with my application?
- Copy of an unexpired government issued photo ID
- Documentation supporting your “YES” response(s) to the Questions in the “Background Information” and “Financial Information” sections of this application
- Proof of your training and experience
- Combative sport resume and list of references
- Medical Information Release Form (for Referee and Judge applicants)

- HIPPA Release Form (for Referee and Judge applicants)
- $50.00 application fee for Boxing Referee or Judge License
- $10.00 application fee for Boxing Timekeeper License
- $100.00 application fee for a Mixed Martial Arts Referee or Judge License
- $40.00 application fee for a Mixed Martial Arts Timekeeper License

What is a combative sport resume?
A resume outlining a summary of your relevant boxing or mixed martial arts license qualifications and experience, education and/or training and licenses and/or certifications.

What forms of Payment do you Accept?
You may pay by check or money order made payable to the Department of State. Do not send cash. **Application fees are nonrefundable.** A $20 fee will be charged for any check returned by your bank.

How do I submit my application and supporting documentation to the State Athletic Commission?

Mail to: New York State, Department of State
State Athletic Commission
P.O. Box 22090
Albany, NY 12201-2001

Child Support Statement section of the application
The Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation.
Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's license suspended.
The intentional submission of a false written statement for the purpose of frustration or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a Class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICAITON
Do I need to provide my Social Security number on the Application?
Yes. The State Athletic Commission is required to collect the Social Security numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commission of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. The authority to request this information is also provided by 19 NYCRR §207.5(a)(1). This information will be maintained in the Licensing Information System by the Commission, at 123 William Street, New York, NY 10038-2804.

PLEASE TAKE NOTICE THAT SUBMITTING THIS APPLICATION DOES NOT GUARANTEE YOU WILL BE ASSIGNED TO OFFICIATE AT A PROFESSIONAL COMBATIVE SPORT EVENT.

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Application for Professional Combative Sport Official License (Referee, Judge or Timekeeper License)

Read the Instructions before completing this application. You must print responses in ink. An * requires a response.

To apply for more than one license, submit a separate application, fee and required documentation for each license.

***Select License Type (Check one only): ☐ Boxing Referee ($50.00) ☐ Boxing Judge ($50.00) ☐ Boxing Timekeeper ($10.00)**

☐ Mixed Martial Arts Referee ($100.00) ☐ Mixed Martial Arts Judge ($100.00) ☐ Mixed Martial Arts Timekeeper ($40.00)

***Are you applying for a new license, a license renewal or do you wish to amend/change information on your file?**

(Check one only): ☐ New (See fee above) ☐ Renewal (See fee above) ☐ Amendment (No fee)

APPLICANT INFORMATION

*First Name	*Last Name	Middle Initial	Suffix

*Address 1	Address 2

*City	*US State or Canadian Province	*Zip/Postal Code

County (if NYS resident)	* Country	* Gender ☐ Male ☐ Female	* Date of Birth (mm/dd/yyyy)

*Do you have a Social Security Number (SSN)?
☐ Yes ☐ No If "YES", provide your social security number:

*Telephone Number - Home	Cell	Business	*Email Address

***** ☐ I have attached a copy of an unexpired government issued photo ID.

BACKGROUND INFORMATION

1) *****Do you currently hold, or have you ever held, a license issued by the NYS Athletic Commission or any other Athletic Commission?
☐ Yes ☐ No If "YES", provide the following information for each license held:

License type	State of Issuance (USA only)	Country of issuance	License number	License year

2) *****Has any license or permit issued to you or a company in which you are or were a principal in New York or elsewhere ever been revoked, suspended or denied or have you been otherwise subject to disciplinary action?
☐ Yes ☐ No If "YES", explain:

3) *****Have you ever been convicted in New York or elsewhere of any criminal offense that is a misdemeanor or felony?
☐ Yes ☐ No If "YES", provide the following information for each conviction:

Year of conviction	Jurisdiction where conviction occurred	Offense (crime) for which you were convicted

If convicted, attach a copy of Certificate of Relief from Disabilities, Executive Pardon, Certificate of Good Conduct or other supporting documentation.

4) *****Are there any criminal charges (misdemeanor or felony) pending against you in any court in New York or elsewhere?

☐ Yes ☐ No If "YES", provide the following information for each charge:

Year of charge	Jurisdiction where charge occurred	Offense (nature of charge)	Current status of charge

5) *****Do you have any gambling related debts?

☐ Yes ☐ No If "YES", explain:

TRAINING AND EXPERIENCE

1)***** Do you hold a course completion certificate for a Referee or Judge training course recognized and approved by the Association of Boxing Commissions?

☐ Yes ☐ No If "YES", provide the name and date of the three most recent training courses completed:

Seminar name(s)	Seminar date(s)

Attach a copy of your course completion certificate(s)

2)***** Describe your experience and qualifications for licensure. If more space is required, attach additional documentation.

3)***** List the number of rounds of experience you have gained in the combative sport and license type for which you are applying in **sanctioned amateur and professional** boxing or mixed martial arts events. (The minimum number of rounds of experience required to be considered for a License as a Professional Boxing Referee or Judge is 400 and a Professional Mixed Martial Arts Referee or Judge is 200.)

Sanctioned Professional Rounds			**Sanctioned Amateur Rounds**		
Combative Sport	**Judge Rounds**	**Referee Rounds**	**Combative Sport**	**Judge Rounds**	**Referee Rounds**
Boxing			Boxing		
Mixed Martial Arts			Mixed Martial Arts		

Attach at least one letter of reference from an amateur sanctioning organization overseeing the event(s) for which you have gained your amateur experience and at least one letter of reference from an athletic commission overseeing the event(s) for which you have gained your professional experience.

4)***** Have you attended a neurological seminar conducted by a physician designated by the New York State Athletic Commission or do you have experience/training in recognizing detrimental neurological symptoms of boxers or mixed martial artists? (for Referee applicants)

☐ Yes ☐ No If "YES", provide the name and date of the three most recent seminars completed:

Seminar name(s)	Seminar date(s)

List additional experience and training in recognizing detrimental neurological symptoms in boxers and mixed martial artists

Attach a certificate(s) of course completion and other proof of experience and training.

5)***** Are you related to or do you have a personal relationship with any professional boxer(s), mixed martial artist(s), manager(s), second(s), trainer(s), promoter(s), matchmaker(s), or any employee(s) of any such person/entity or sanctioning body or New York State Athletic Commission employees?

☐ Yes ☐ No If "YES", provide names:

First and last names

6)*** Submit a copy of your combative sport resume and list of references. Include each reference's daytime telephone number and email address.**

FINANCIAL INFORMATION

1)***** Do you have a financial interest in any professional boxer(s), mixed martial artist(s), manager(s), second(s), trainer(s), promoter(s) matchmaker(s) or any employee(s) of any such person/entity or sanctioning body?

☐ Yes ☐ No If "YES", provide the following information:

First and last name(s)	Description of your financial interest

2)***** Is there a presently unsatisfied final judgment against you?

☐ Yes ☐ No If "YES", provide an explanation:

Attach additional documentation you wish to share.

3)***** Do you owe any unpaid taxes to any taxing jurisdiction?

☐ Yes ☐ No If "YES", provide an explanation:

Attach additional documentation you wish to share.

4)***** Do you hold any other license or surety bond that has been suspended or revoked and has not been reinstated?

☐ Yes ☐ No If "YES", provide an explanation:

Attach additional documentation you wish to share.

5)***** Are you a debtor in a pending bankruptcy proceeding?

☐ Yes ☐ No If "YES", provide an explanation:

Attach additional documentation you wish to share.

6)***** Have you received a discharge in bankruptcy within the last 12 months?

☐ Yes ☐ No If "YES", provide an explanation:

Attach additional documentation you wish to share.

7)***** Have you been denied a discharge in bankruptcy within the last 36 months?

☐ Yes ☐ No If "YES", provide an explanation:

Attach additional documentation you wish to share.

MEDICAL INFORMATION (for Referee and Judge License applicants)

1) In order to be licensed as a Professional Boxing or Mixed Martial Arts Judge or Referee in New York, you must submit a dilated ophthalmological exam performed by a licensed ophthalmologist or optometrist. The exam must have been conducted no more than 1 year from the date of licensing.

☐ I have attached a copy of my dilated ophthalmological exam.

2) In order to be licensed as a Professional Boxing or Mixed Martial Arts Referee in New York, you must submit an electrocardiogram (EKG -12 Lead).

☐ I have attached a copy of my electrocardiogram.

3) In order to be licensed as a Professional Boxing or Mixed Martial Arts Judge or Referee in New York, you must submit a physical examination performed by a licensed physician. You and your physician must complete the NYSAC History and Physical Examination Record for License as a Judge or Referee.

☐ I have attached a copy of my History and Physical Examination Form.

4) In order to be licensed as a Professional Boxing or Mixed Martial Arts Referee in New York, you must submit the following blood tests. The blood tests must have been completed no more than 1 year from the date of licensing.

☐ I have attached a copy of my Hepatitis B Surface Antigen blood test.

☐ I have attached a copy of my Hepatitis C Antibody blood test.

☐ I have attached a copy of my HIV blood test.

AFFIRMATION STATEMENTS

1) ***Child Support Statement:**

I certify that as of the date of this application, I am not under an obligation to pay child support or if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties, or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

☐ I have read and understand the Child Support Statement and hereby certify that I am in compliance.

2) ***Laws, Rules and Policies (find online at www.dos.ny.gov/athletic):**

☐ I understand, agree and acknowledge that I am responsible for complying with the laws, rules and policies of the State of New York and the New York State Athletic Commission (NYSAC) as applicable to my license discipline.

3) ***Application Affirmation:**

I, the undersigned, having paid the required fee, hereby make application in accordance with the laws of the State of New York and subject to the Rules and Regulations of the New York State Athletic Commission. I understand that this application may be approved or denied by the New York State Department of State, State Athletic Commission upon review, and that the submission of this application does not convey any rights or privileges to undertake activities for which a license is required. I affirm under the penalties of perjury the truth of the information contained herein. I understand and agree that any filing of false information made herein may subject me to criminal and administrative penalties. I further understand and agree that I will immediately amend this license application and file the amended application with the New York State Department of State, State Athletic Commission in the event that any of the information entered herein has changed. I understand that any license issued pursuant to this application is not transferable.

_____

Applicant Print Name

X _____ _____

Applicant Signature **Date**

Attach the following documentation to your application:

- Copy of an unexpired government issued Photo ID
- Documentation supporting your response(s) to the questions in the “Background Information” and “Financial Information” section of this application
- Letter(s) of reference from amateur sanctioning organization(s) and athletic commissions proving your experience
- Referee or Judge training course completion certificates (for Referee and Judge applicants)
- Completion certificate(s) for neurological seminar(s) conducted by a physician designated by the NYS Athletic Commission or other proof of experience/training in recognizing detrimental neurological symptoms of Boxers or Mixed Martial Artists (for Referee applicants)
- Your Combative sport resume and a list of references with their contact information
- History and Physical Examination Record (for Referee and Judge applicants)
- Medical test results with test dates (for Referee and Judge applicants)
- Medical Information Release Form (for Referee and Judge applicants)
- HIPPA Release (for Referee and Judge applicants)
- $50.00 Boxing Referee or Judge License application fee (paid by check or money order)
- $10.00 Boxing Timekeeper License application fee (paid by check or money order)
- $100.00 Mixed Martial Arts Referee or Judge License application fee (paid by check or money order)
- $40.00 Mixed Martial Arts Timekeeper License application fee (paid by check or money order)

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Medical Information Release

AUTHORIZATION TO DISTRIBUTE MEDICAL INFORMATION TO ALL MEMBER COMMISSIONS AFFILIATED WITH THE ASSOCIATION OF BOXING COMMISSIONS (ABC)

I hereby authorize the New York State Athletic Commission to release, disclose and furnish to any other commission or program affiliated with the Association of Boxing Commissions (ABC), including its official record keeper, any and all of my medical records obtained by the New York State Athletic Commission concerning my licensure as a combative sport professional including, but not limited to, annual physical examinations, ophthalmological examinations, neurological examinations, negative tests for the HIV virus, Hepatitis B virus, and Hepatitis C virus, drug testing, hospital records, and any other information regarding conditions related to the propriety of my licensure as a combative sport professional (including history, findings, diagnosis and prognosis).

I understand, and it is agreed, that the signing of this Medical Information Release is optional, and that my declining to sign this document will not result in any adverse action being taken against me by the New York State Athletic Commission or any of the member commissions affiliated with the ABC.

I understand, and it is agreed, that the medical records described herein will not be released for any purpose other than for the purpose of a member commission affiliated with the ABC determining my eligibility to participate in a combative sport.

I understand, and it is agreed, that this authorization shall remain in effect for a period of one year from the date it is signed, and is relevant to all medical records described herein whether such records were created prior to, or subsequent to, the date the authorization is signed.

APPLICANT PRINT NAME	**APPLICANT FEDERAL I.D. #**
APPLICANT SIGNATURE	**DATE SIGNED**

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Authorization for Release of Health Information Pursuant to HIPPA

Patient Name	Date of Birth	Social Security Number
Patient Address		Patient Telephone Number

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT,** except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that 1 have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (718) 741-8400 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:
New York State Athletic Commission, 123 William St., New York, NY 10038

9(a). Specific information to be released:
☐ Medical Record from (insert date) to (insert date)
Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
☐ Other:

Include: (Indicate by Initialing)
Alcohol/Drug Treatment
Mental Health Information
HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize
Initials

Name of individual health care provider
to discuss my health information with my attorney, or a governmental agency, listed here:
New York State Athletic Commission
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:	11. Date or event on which this authorization will expire:
At request of individual ☐ Other:	**One year from this date**
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
N/A	**N/A**

All items on this form have been completed and my questions about this form have been answered in addition. I have been provided a copy of the form.

Date:
(Signature of patient or representative authorized by law)

*** Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

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History and Physical Examination Record for a License as a Judge or Referee

SECTION 1 — TO BE COMPLETED BY APPLICANT FOR A JUDGE OR REFEREE LICENSE

**** Please note that referees are also required to submit an EKG tracing, Hepatitis B Surface Antigen, Hepatitis C Antibody and HIV blood tests along with their application ****

1. LEGAL NAME	2. HOME TELEPHONE NUMBER	3. BUSINESS TELEPHONE NUMBER

4. STREET ADDRESS (HOME)

CITY	STATE	ZIP CODE + 4

5. DATE OF BIRTH	6. OTHER STATES IN WHICH LICENSED TO OFFICIATE PROFESSIONALLY

7. Have you ever served in the U.S. Armed Services?..... ❑ **YES*** ❑ **NO**
   *If you received a medical discharge, state reason:

8. Do you suffer from shortness of breath, pounding (palpitation) of the heart, any pain or pressure in the chest, or have you ever been told that you had any disease of the heart?..... ❑ **YES*** ❑ **NO**
   *If YES, explain:

9. Have you ever spat blood or been told that you have any disease of the lung?..... ❑ **YES*** ❑ **NO**
   *If YES, explain:

10. Have you ever been advised to have any special examinations such as X-rays, electrocardiograms, electroencephalograms, blood examinations, etc.? ..... ❑ **YES*** ❑ **NO**
    *If YES, explain:

11. Have you ever fractured any bones or suffered any back, neck or other injury? ..... ❑ **YES*** ❑ **NO**
    *If YES, explain:

12. Have you had any illness, disease, accident or surgical operation within the past five years?..... ❑ **YES*** ❑ **NO**
    *If YES, explain:

13. Have you any other information concerning your health — **past and present** — which has not been covered by the above questions?..... ❑ **YES*** ❑ **NO**
    *If YES, explain:

Comments, if any:

❑✓ box if additional comments on back

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 Signature *Date*

X _____ _____
Reviewed by (Physician) *Date*

SECTION 2 — JUDGE/REFEREE 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 (to be completed by an optometrist)

A) RETINA ❑ NORMAL ❑ ABNORMAL ❑ NOT EXAMINED

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

C) VISUAL ACUITY (SNELLEN CHART)

UNCORRECTED: RIGHT _____ LEFT _____

CORRECTED: RIGHT _____ LEFT _____

Optometrist Signature: X _____ **Date:** _____

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

12. BACK and SPINE ❑ NORMAL ❑ ABNORMAL ❑ NOT EXAMINED

SECTION 2 CONTINUED— TO BE COMPLETED BY EXAMINING PHYSICIAN

13. EXTREMITIES/MUSCULOSKELETAL SYSTEM ❑ NORMAL ❑ ABNORMAL ❑ NOT EXAMINED

14. SKIN ❑ NORMAL ❑ ABNORMAL ❑ NOT EXAMINED

15. LYMPHATIC SYSTEM ❑ NORMAL ❑ ABNORMAL ❑ NOT EXAMINED

16. NERVOUS SYSTEM ❑ NORMAL ❑ ABNORMAL ❑ NOT EXAMINED

SUMMARIZE ALL POSITIVE FINDINGS, IF ANY, AND INDICATE YOUR CLINICAL INTERPRETATION OF THIS DATA

RECOMMENDATIONS FOR FURTHER SPECIALIZED EXAMINATION AND/OR CONSULTATION

OTHER REMARKS

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

on this day, (insert date) _____, and I ❑ **Approve** ❑ **Disapprove** this applicant for Judge/Referee

Name of Physician (PRINT): _____

Signature of Physician: **X** _____

Office Address: _____

If physical was not conducted at the office listed above, specify location/address:

Office Telephone Number: _____