



NEVADA STATE ATHLETIC COMMISSION

MEDICAL REQUIREMENTS, INSTRUCTIONS, AND PHYSICAL EXAMINATION FORM FOR ALL UNARMED COMBATANTS – Contestant: please mark the one box for the contestant type that applies to you.

PRO DEBUT UNARMED COMBATANT – LICENSE FEE IS \$50.00

These requirements are for an amateur unarmed combatant who is going to make his/her professional debut.

1. Application – Via online portal at <https://online.nvboxing.org/#/>
2. Photo (.jpeg format) – head and shoulders only, no hat
3. Current Federal ID card
4. Report of Physical Examination (blank form attached). The physical examination form must be signed by an MD or DO.
5. Dilated [ophthalmologic examination](#), by an **ophthalmologist only**. We **cannot** accept exams completed by an optometrist. This must be done more than 24 hours before the fight because of the eye dilation.
6. MRI of brain without contrast and MRA cerebral circulation – If either previously done, forward results for review. A new MRI is required every five years. The MRA is a one-time requirement, unless otherwise ordered.
7. Electrocardiogram (attach tracings)
8. Urinalysis
9. Serology: The original lab report with applicant's name and date the tests were performed must be submitted. All tests must be within normal limits to meet the Nevada licensing requirements. ***HIV, Hepatitis B Surface Antigen, and Hepatitis C Antibody tests must be done within 30 days** of submitting all requirements to become licensed:
 - a. Human Immunodeficiency Virus (HIV) *
 - b. Hepatitis B Surface Antigen - If positive confirmation by Neutralization technique. In certain situations, a Hepatitis B Core Antibody test will be acceptable as confirmation. *
 - c. Hepatitis C Antibody - If positive confirmation by RIBA (HCV Confirmation). *
 - d. Complete Blood Count (CBC)
 - e. Rapid Plasma Reagin (RPR)
 - f. Electrolytes

PROFESSIONAL UNARMED COMBATANT – LICENSE FEE IS \$50.00

These requirements are for unarmed combatants between the ages of 18 – 37 who have fought a professional fight in the last 36 months, have not fought over 425 professional rounds and is not under suspension in another state.

1. Application – Via online portal at <https://online.nvboxing.org/#/>
2. Photo (.jpeg format) – head and shoulders only, no hat
3. Current Federal ID card
4. Report of Physical Examination (blank form attached). The physical examination form must be signed by an MD or DO.
5. Dilated [ophthalmologic examination](#), by an **ophthalmologist only**. We **cannot** accept exams completed by an optometrist. This must be done more than 24 hours before the fight because of the eye dilation.
6. MRI of brain without contrast and MRA cerebral circulation – If either previously done, forward results for review. A new MRI is required every five years. The MRA is a one-time requirement, unless otherwise ordered.
7. Serology: The original lab report with applicant's name and date the tests were performed must be submitted. All tests must be within normal limits to meet the Nevada licensing requirements. ***HIV, Hepatitis B Surface Antigen, and Hepatitis C Antibody tests must be done within 30 days** of submitting all requirements to become licensed:
 - a. Human Immunodeficiency Virus (HIV) *
 - b. Hepatitis B Surface Antigen - If positive confirmation by Neutralization technique. In certain situations, a Hepatitis B Core Antibody test will be acceptable as confirmation. *

- c. Hepatitis C Antibody - If positive confirmation by RIBA (HCV Confirmation) *
- d. Complete Blood Count (CBC)

□ PROFESSIONAL UNARMED COMBATANT W/COMPREHENSIVE REQUIREMENTS – LICENSE FEE IS \$50.00

If you are **38 or older or will turn 38 this calendar year**; and/or have not fought a **professional fight in the last 36 months**; and/or have fought **over 425 professional rounds** you are considered a Comprehensive Contestant.

1. Application – Via online portal at <https://online.nvboxing.org/#/>
2. Photo (.jpeg format) – head and shoulders only, no hat
3. Current Federal ID card
4. Report of Physical Examination (blank form attached). The physical examination form must be signed by an MD or DO.
5. Dilated [ophthalmologic examination](#), by an **ophthalmologist only**. We **cannot** accept exams completed by an optometrist. This must be done more than 24 hours before the fight because of the eye dilation.
6. MRI of brain without contrast and MRA cerebral circulation – If either previously done, forward results for review. A new MRI is required every five years. The MRA is a one-time requirement, unless otherwise ordered.
7. Electrocardiogram (attach tracings)
8. Urinalysis
9. Chest X-Ray (include report – valid for 6 years)
10. Serology: The original lab report with applicant's name and date the tests were performed must be submitted. All tests must be within normal limits to meet the Nevada licensing requirements. ***HIV, Hepatitis B Surface Antigen, and Hepatitis C Antibody must be done within 30 days** of submitting all requirements to become licensed:
 - a. Human Immunodeficiency Virus (HIV) *
 - b. Hepatitis B Surface Antigen - If positive confirmation by Neutralization technique. In certain situations, a Hepatitis B Core Antibody test will be acceptable as confirmation. *
 - c. Hepatitis C Antibody - If positive confirmation by RIBA (HCV Confirmation). *
 - d. Complete Blood Count (CBC)
 - e. Chemistry panel including Electrolytes, Creatinine, Liver Function

In addition to the above, all unarmed combatants may be required to submit to any examination or testing ordered by the Commission, the Chair, the Executive Director, the Executive Director's designee or any representative of the Commission.

Return all required documents to the Nevada State Athletic Commission – The following options are available:

1. Upload: <https://online.nvboxing.org/#/> (link to online licensing portal)
2. Email: nsacinfo@boxing.nv.gov
3. Fax: 702-486-2577
4. Mail: NSAC
3300 W. Sahara Ave.
Suite 450
Las Vegas, NV 89102-3200

**NV STATE ATHLETIC COMMISSION - PHYSICAL EXAMINATION REPORT
 PROFESSIONAL UNARMED COMBATANT
 MALE FEMALE**

Name _____ Ring Name _____ (Telephone) _____ Date of Birth (mm/dd/yyyy) ____/____/____

Address (street) _____ (city) _____ (state) _____ (zip code) _____ (email address) _____

PHYSICAL HISTORY: Select all that apply; if none apply to you, select None of the above:

- Fainting spells Rupture (hernia) Chest pains Surgeries – List below
- Shortness of breath Swollen joints Rheumatism Diabetes
- Frequent headaches Convulsions (fits) Chronic cough Bleeding Disorder
- Spitting of blood Cerebral hemorrhage or any other serious head injury **None of the above**

List any surgical procedures:

1. Date _____ Type of Procedure _____
2. Date _____ Type of Procedure _____

Number of knockouts received _____ Date of last knockout _____

Longest duration of unconsciousness _____

Length of time before resuming boxing after last knockout _____

Ever knocked unconscious in other sport or in any other way ? Yes No

If yes, explain _____

PHYSICAL EXAMINATION:

General appearance _____ Height _____ Weight _____ Temperature _____

Disabling scars _____ Mouth _____ Teeth _____ Tonsils _____ Neck _____

Pulse at rest _____ Blood pressure at rest _____

Pulse after 100 hops _____ Blood pressure after 100 hops _____

Blood pressure 2 minutes later _____

- | | | | | | |
|--------------------|----------------------------------|------------------------------------|----------------|--------------------------------|---------------------------------|
| Enlarged glands | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Goiter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Pulse rhythm | <input type="checkbox"/> Regular | <input type="checkbox"/> Irregular | Apical impulse | <input type="checkbox"/> Heavy | <input type="checkbox"/> Normal |
| Enlargement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Murmurs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Lungs: Rales Yes No

Breasts: Mass Yes No Tenderness Yes No Discharge Yes No

Abdomen: Liver Enlargement Yes No Enlargement of Spleen Yes No
 Hernia Yes No Femoral Inguinal Ventral

Testicles: N/A Normal Yes No Remarks _____

Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____

Skin: Rash _____ Boils _____ Any other unhealed wounds _____

EXAMINING PHYSICIAN (must be an MD or DO): - The following section must be completed. In addition, please submit orders for the required tests listed in the applicable contestant section

I have evaluated the above-named athlete and ordered the required exams / lab tests. Listed are any significant abnormalities either in my physical exam or the testing. Also listed are the steps I took to clarify any problem.

PLEASE CHECK ONE: I CONFIRM THAT I HAVE EXAMINED THIS INDIVIDUAL IN PERSON AND HAVE HAVE NOT MEDICALLY CLEARED THEM TO FIGHT.

MD / DO	MD / DO
PRINT PHYSICIAN'S NAME AND LICENSE NUMBER	PHYSICIAN'S SIGNATURE
OFFICE ADDRESS	DATE
CITY STATE ZIP CODE	() PHONE NUMBER

APPLICANT: YOU MUST READ AND AGREE TO THE FOLLOWING:

I declare under penalty of perjury under the laws of the State of Nevada, that the foregoing information is true & correct; further I realize that any misrepresentation may result in disciplinary action.

I hereby AUTHORIZE the Athletic Commission of the State of Nevada (the "Commission"), to RELEASE any and all medical information and/or personal information with respect to my status and licensure as a professional unarmed combatant which may be contained in any of the Commission's records. I further authorize the Commission to release this information as the Commission deems necessary or appropriate. I agree that I will fully cooperate with the Commission in making my medical history available including, but not limited to, giving oral or written reports to the Commission regarding my medical condition, care and/or treatment.

I further RELEASE, PROMISE TO HOLD HARMLESS, and COVENANT NOT TO SUE the Commission on the basis of its attempts to obtain any of the foregoing information, and I further RELEASE, PROMISE TO HOLD HARMLESS, and COVENANT NOT TO SUE any persons, firms, institutions or agencies providing such information to representatives of the Commission on the basis of its disclosures. I have signed this release voluntarily and of my own free will.

I further agree that a photographic copy of this Authorization shall be valid as the original.

DATE

SIGNATURE OF APPLICANT

PRINTED NAME