

# ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

## PROFESSIONAL BOXER APPLICATION REQUIREMENTS

- **Arizona License Application** must be filled out **completely**. Email a Digital Photo of the Applicant to [info@azboxingandmma.gov](mailto:info@azboxingandmma.gov) and send in the License Application along with **CASHIER'S CHECK OR MONEY ORDER** in the amount of \$20.00, payable to the **Arizona Department of Gaming**. (*Personal Checks will not be accepted.*)
- **Copy of Driver's License, Valid Identification or other Lawful Presence Documents** must be provided along with Arizona License Application. (*Indicate on Page 2 of license application*)
- **Boxer's Federal Identification Application** must be filled out **completely**. A Boxer's Card and ID number will be issued, which will serve as your Identification to check-in at each event you participate in. This must be carried at all times to verify your identity in order to participate.
- **Annual Physical Exam (form available online)**. Examinations must be done by an MD or DO, **per A.R.S. §5-228(F)**. (*Chiropractors, Nurse Practitioners and Physicians Assistants will not be accepted.*)
- **Ophthalmological Exam (form available online)**. Examinations done by an Optometrist will not be accepted, **per A.R.S. §5-228(F)(1)**.
- **Bloodwork** must include the following 3 tests: (1) HIV Test (2) HEPATITIS B (Surface Antigen) Test & (3) HEPATITIS C (Antibody) Test, **per A.R.S. §5-228(F)(2)**.
- **Applicants 32 years of age through 35 years of age** must get special permission from the Executive Director and may be required to furnish additional medical tests.
- **Applicants 36 years of age and older** must get an EKG/Stress test completed within 24 months of license being issued and accompanied by a clearance letter administered by a physician, **per A.R.S. §5-228(F)(3)**. Applicants are also required to attend a commission meeting to be considered and approved by the Commission.
- **Female contestants** must submit a negative pregnancy test on the day of Weigh-ins or date of Event as determined by the Commission, **per A.R.S. §5-228(F)(5)**.
- **Applicants who have not been active for two years or more** may be required to undergo further medical exams and/or be required to demonstrate ability to perform, **per A.R.S. §5-228(F)(6)**.
- **New 48 Hour rule requirement for all medicals, license applications, etc.** This is a reminder that all medical exams, blood tests, license applications and other paperwork for Boxers, MMA fighters and corner men must be submitted to the AZ Boxing & MMA Commission office at least 2 days before the scheduled event. The specific language is stated, **per A.R.S. §5-228(G)**.
- **Arizona is a calendar year state for medical requirements.** Medicals will be accepted after December 15<sup>th</sup> from the prior year of the current year being licensed, **per A.R.S. §5-228(G)**.

1110 West Washington, Suite 450  
Phoenix, AZ 85007  
Phone (602) 364-1721 Fax (602) 364-1703  
[boxingandmma.az.gov](http://boxingandmma.az.gov)

## Checklist for Fighter, Trainer and Cornermen (Second's)

The Arizona Boxing and MMA Commission will need to know who will be helping you in your corner at least 2 days before the day of the fight to make sure they have an ACCESS PASS. All fighters and cornermen, must be licensed by the day of the event. Their fees are indicated on the Arizona License Application (\$20 for MMA Amateur fighters and \$25 for Boxers, MMA Professional fighters and Cornerman aka Seconds.) Make sure you are licensed in order to receive an Access Pass to the event. This fee WILL NOT be taken from the Fighter's purse, unless the fighter agrees and the deduction is stated in the contract.

### ARIZONA BOXING AND MMA COMMISSION

1110 W. Washington Street, #450

Phoenix, AZ 85007

Phone: (602) 364-1721

Fax: (602) 364-1703

Email: [info@azboxingandmma.gov](mailto:info@azboxingandmma.gov)

Website: [boxingandmma.az.gov](http://boxingandmma.az.gov)

**Please provide the names below along with License Applications by fax or email above:**

*(We allow 3 in the corner for Regular Bouts and 4 for Championship bouts)*

	<b>State ID / Country</b>
<b>Fighter Name:</b> _____	_____
<i>Trainer</i> _____	_____
<i>Chief Second</i> _____	_____
<i>Second 2</i> _____	_____
<i>Second 3</i> _____	_____

### **Items required to compete include the following:**

1. All Medical Exams including blood tests, license applications, Federal ID Applications and other paperwork turned into the AZ Commission 48hrs prior to event
2. Fighter Contract, if applicable
3. Mandatory Weigh-ins (1 day prior to event or day of event, if applicable)
4. Professional Trunks
5. Professional Groin Cup
6. Mouthpiece (Single or Double guard)
7. Tape / Gauze / Towel / Spit Bucket and Materials needed between rounds
8. Rules and Instructions (Referee to provide day of event)
9. Check with the AZ Boxing and MMA Commission above for any additional items

New Application       Renewal



**ASSOCIATION OF BOXING COMMISSIONS (ABC)**

Application for Boxer's Federal Identification Card

**FEDERAL ID #** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**FULL NAME** \_\_\_\_\_  
First Middle Last

**DATE OF BIRTH** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SOCIAL SECURITY** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

**PLACE OF BIRTH** \_\_\_\_\_  
Country City State

**ADDRESS** \_\_\_\_\_  
Street City Country  
State Zip Code ( ) Phone Number E-mail

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ (lbs.) **STANCE (check 1):** **RIGHT** \_\_\_\_\_ **LEFT** \_\_\_\_\_

**HAIR COLOR:** \_\_\_\_\_ **EYE COLOR:** \_\_\_\_\_

**DISTINGUISHING CHARACTERISTICS:** (Tattoos, Scars, etc.) \_\_\_\_\_  
(Chest, Arms, Legs, Neck, Back, etc.)

**MANAGER:** \_\_\_\_\_  
Name E-mail or phone

**PROMOTER:** \_\_\_\_\_  
Name E-mail or phone

**TRAINER:** \_\_\_\_\_  
Name E-mail

**AMATEUR EXPERIENCE:** Yes \_\_\_ No \_\_\_ Record \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**TERMS AND CONDITIONS**

1. Boxers must apply for Boxer Federal ID card in the state in which he/she is a resident.
2. Boxer Federal ID card will not be issued unless an accurate and truthful completed application for ABC Boxer Federal ID Card, **two passport photos and two forms if ID.**
3. Boxer understands that he/she will not be allowed to fight without a Boxer Federal ID Card.
4. Any false or misleading statements on this application may result in the Boxer being placed on the National Suspension list.
5. The ABC reserves the right to amend these terms and conditions.
7. Boxer understands that the ABC with the cooperation with the Boxing Commission that issued the Federal ID Card will settle any disputes or violations of terms and conditions for these cards.
8. Boxer agrees to abide by these terms and conditions and any other rules set forth by the ABC and the Boxing Commission that issued the identification card.

I solemnly swear (or affirm) that the statements made on this application are true and the photograph attached is a true likeness of me. By signing this application I agree to be bound by the rules and regulations of the ABC. If I make a false or misleading statement in this application the ABC at any time thereafter may place me on suspension for one year. I acknowledge that I have read, understand, and agree to the terms and conditions of the ABC Boxer Federal Identification Card.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Commission Representative \_\_\_\_\_ Date \_\_\_\_\_

# ARIZONA BOXING AND MMA COMMISSION

## LICENSE APPLICATION

### Application Facts and Instructions (ARS § 41-1079)

- **All licenses expire every December 31 at midnight.** It is the licensee's responsibility to apply for renewal prior to license expiration.
- Required: Two passport size photos, documentation of citizenship or alien status, fingerprints\*\*, and license fee (AAC R-3-412)
- License will be issued or denied after receiving a complete application package: within 65 days for promoters, matchmakers, corporations, managers, judges and referees; and within 40 days for boxers, boxer's seconds, trainers, ring announcers, timekeepers, and physicians. (AAC R3-412.01)
- Contact the Boxing and MMA Commission at (602) 364-1721 with questions or assistance with the application process.
- This document is a public record as defined in ARS. § 41-1350, and is therefore open to public inspection. (ARS. § 39-121)

### Personal Information

**Applicant's Name:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I. (Jr, Sr., etc.) (Disclosure of your social security number is mandatory. ARS § 25-320)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Other Names You Have Used (maiden/other)** \_\_\_\_\_  
Month Day Year

**Place of Birth:** \_\_\_\_\_ **Are you a Citizen of the United States?**  Yes  No  
City, State (or equivalent) and Country

**Permanent Mailing Address** - Please be advised that the address listed below will be used for mailing all notices or other communication. *(It is the sole responsibility of the licensee to notify the Commission of a change in mailing address.)*

Mailing Address \_\_\_\_\_ Apartment, Suite, Floor \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

### Boxing Infractions & Criminal History Background

1. Have you ever been convicted of any crime, other than a traffic violation:  Yes  No

If you answered "yes"— please provide an explanation for each incident

Date	City	State	Offense (Nature of Charge)	Disposition/Final Results of Case

2. Have you ever had a license denied, suspended or revoked by any commission? If you answered yes, explain: \_\_\_\_\_

3. Have you ever been issued a license by any commission or regulatory agency? If so, specify the commission or agency and dates and type of license: \_\_\_\_\_

### License Categories & Fees

All fees to be paid by cashier's check or money order. Personal checks will not be accepted.

Check the box that applies and provide the information requested, if applicable to your license category.

\$20	\$25	\$50	\$100	\$200	\$400
<b>MMA (Amateur)</b> <input type="checkbox"/>	<input type="checkbox"/> Announcer <input type="checkbox"/> Inspector <input type="checkbox"/> Physician <input type="checkbox"/> Timekeeper  <b><i>Fingerprints needed for the following:</i></b> <input type="checkbox"/> ** Judge <input type="checkbox"/> Fingerprint	<input type="checkbox"/> Boxer (Pro) <input type="checkbox"/> MMA (Pro) <input type="checkbox"/> Second <input type="checkbox"/> Trainer  <input type="checkbox"/> ** Manager <input type="checkbox"/> Fingerprint  <b><i>Must submit a list of all Boxers and MMA (Pro's) under Managerial Contract.</i></b>	<input type="checkbox"/> ** Matchmaker  <input type="checkbox"/> Fingerprint	<input type="checkbox"/> **Promoter  (Individual) <input type="checkbox"/> Fingerprint	<input type="checkbox"/> **Promoter  (Corporation) <input type="checkbox"/> Fingerprint

\*\* Fingerprints are required for these license categories and Additional \$22 fee for Processing\*\*

***If you have a financial interest in any Pro Boxer or Pro MMA Fighter: Please explain on a separate sheet.***

**AFFIDAVIT OF LAWFUL PRESENCE  
BY APPLICANTS FOR STATE PUBLIC BENEFITS LICENSING**

**All applicants must present evidence demonstrating lawful presence in the U. S. at time of application. A.R.S. § 1-502, 8 U.S.C. § 1621**

**EXCEPTIONS: You are not required to submit documentation if the following applies:**

- I have unexpired documentation on file with the Arizona Boxing Commission.
- Applicants who are citizens of a foreign country and not physically present in the United States.

**ALL OTHERS: Submit one of the following documents.**

**Check the document you are submitting.**

- An Arizona driver license issued after 1996 or an Arizona nonoperating identification card.
- A driver license issued by a state that verifies lawful presence in the United States. (The following states do not verify, and therefore are not acceptable: Hawaii, Illinois, New Mexico, Utah and Washington.
- E-Verification issued by the Department of Homeland Security verifying employment eligibility.
- A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- A United States certificate of birth abroad.
- A United States Passport. **Passport #** \_\_\_\_\_  A foreign passport with a U.S. Visa **Passport #** \_\_\_\_\_
- An I-94 form with a photograph.
- A United States citizenship and immigration services employment authorization document or refugee travel document.
- A United States certificate of naturalization.  A United States certificate of citizenship.
- A tribal certificate of Indian blood or a tribal or BIA affidavit of birth.

**State ID and #** \_\_\_\_\_ **Expires** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Hair** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **lbs** \_\_\_\_\_

**WARNING Please read carefully before signing**

I hereby make application for a license to be issued in accordance with the terms and provisions of the rules of the Arizona Boxing Commission. I agree to strictly comply with the laws of the State of Arizona and with the Rules of the Arizona Boxing Commission as they may be added or amended from time to time.

**License Application Instructions** – I have been provided with instructions for obtaining a license, informed of applicable licensing timeframes, and provided with contact information if I have questions or need assistance during the application process. **Acceptable forms of payment cashier's check or money order payable to the Arizona Department of Gaming.**

**Social Security Numbers** – ARS § 25-320 mandates that each licensing board or agency that issues professional or occupational licenses or certificates must obtain and record the social security number of an applicant for professional or occupational license or certificate in its database in order to aid the Department of Economic Security in locating parents or their assets or to enforce child support orders. Therefore, it is mandatory that your social security number is provided on this application. When social security numbers appear on public records, and copies of such records become the subject of a records request, social security numbers must be redacted from the document.

**FBI Notification of Applicant Privacy Rights** – Your fingerprints will be used to check the criminal history records of the FBI. If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable Amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record. The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at [www.fbi.gov](http://www.fbi.gov) under Criminal History Summary Checks or by calling (304) 625-3787. To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet Information on the review and challenge process can be found on the DPS website, [www.dps.gov](http://www.dps.gov).

**A.R.S 41-1030**

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

If the Applicant is a Contestant, he or she understands that by participating in a Boxing or Unarmed Combat bout, that the Contestant is engaging in an abnormally dangerous activity which subjects Contestant to a risk of severe injury or death. The Contestant, in full knowledge of the risks, nonetheless, agrees to enter into this license agreement and hereby waives any claim that the Contestant or Contestant's heirs may have against the Arizona State Boxing & MMA Commission ("Commission"), the Commission members and employees, bout officials and the State of Arizona as the result of any injury the Contestant may suffer as a result of Contestant's participation in this contest.

- I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.
- I further understand and agree that any misstatement of a material fact, false or incomplete answers will constitute grounds for denial, suspension or revocation of the license and/or possible monetary fine or could result in criminal prosecution.
- I understand that it is my responsibility to advise the Commission of any change in citizenship or alien status and to provide the Commission with a copy of new or renewed documents evidencing my status.

X \_\_\_\_\_  
Signature of License Applicant

\_\_\_\_\_  
Date

# ARIZONA STATE BOXING AND MIXED MARTIAL ARTS COMMISSION

## PHYSICAL EXAM PHYSICAL EXAMINATION FOR PROFESSIONAL BOXER/UNARMED COMBATANT

Applicant Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

### APPLICANT INFORMATION

MALE  FEMALE

Applicant  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PHYSICAL HISTORY

Has applicant had any of the following conditions:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Fainting spells     | <input type="checkbox"/> Rupture (hernia)                                | <input type="checkbox"/> Chest pain    | <input type="checkbox"/> Operations        |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Swollen joints                                  | <input type="checkbox"/> Rheumatism    | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Frequent head aches | <input type="checkbox"/> Convulsions (fits)                              | <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> Spitting blood      | <input type="checkbox"/> Cerebral hemorrhage or any other serious injury |  |  |

Number of knockouts received \_\_\_\_\_ Date of last knockout \_\_\_\_\_

Longest duration of unconsciousness \_\_\_\_\_

Have you ever been knocked unconscious in any other sport or in any other way?  Yes  No

If yes, explain: \_\_\_\_\_

### BOXING/UNARMED COMBAT RECORD

Pro Boxing	Wins _____	Losses _____	Draws _____
Pro MMA	Wins _____	Losses _____	Draws _____
Amateur MMA	Wins _____	Losses _____	Draws _____

### 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  Yes  No Goiter  Yes  No

Heart: Pulse rhythm  Regular  Irregular Apical impulse  Heavy  Normal

Enlargement  Yes  No Murmurs  Yes  No

Lungs: Rales  Yes  No

Breasts: Mass  Yes  No Tenderness  Yes  No Discharge  Yes  No

Abdomen: Enlargement of liver  Yes  No Enlargement of spleen  Yes  No

Hernia  Yes  No Enlargement of spleen  Yes  No

Testicles: Normal  Yes  No Remarks: \_\_\_\_\_

Pelvic: Normal  Yes  No Remarks: \_\_\_\_\_

Reflexes: Pupils \_\_\_\_\_ Knee jerks \_\_\_\_\_ Romberg \_\_\_\_\_ Babinski \_\_\_\_\_

Skin: Rash \_\_\_\_\_ Boils \_\_\_\_\_ Any other unhealed wounds: \_\_\_\_\_

Speech: Slurred?  Yes  No Other: \_\_\_\_\_

General issues (memory, judgment): \_\_\_\_\_

Remarks: \_\_\_\_\_

# ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

## OPHTHALMOLOGICAL EXAM

REPORT OF EYE EXAMINATION FOR  
PROFESSIONAL BOXER/UNARMED COMBATANT  
TO BE PERFORMED  
BY AN OPHTHALMOLOGIST

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Boxer Boxing Record: \_\_\_\_\_  MMA Fighter: MMA Record: \_\_\_\_\_

### HISTORY

If possible provide the following information:

Name and hometown of physician in charge: \_\_\_\_\_

Has applicant ever had any of the following conditions:

1. Blurred vision  Yes  No
2. Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye?  Yes  No
3. Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, dislocated lens, or cataract?  Yes  No  
If yes, please explain: \_\_\_\_\_
4. Eye disease:  Yes  No List nature of disease: \_\_\_\_\_
5. Eye injury:  Yes  No List nature of injury: \_\_\_\_\_
6. Detached retina surgery on either eye:  Yes  No  
List which eye and when and where surgery was done: \_\_\_\_\_

### EXAMINATION

VISION:	Without	With Glasses
Right		
Left		

REFRACTION: If either eye is 20/40 or worse:							
Right		Sph		Cyl x		Acuity	
Left		Sph		Cyl x		Acuity	

Intraocular Tension Right \_\_\_\_\_ mmHg  
Left \_\_\_\_\_ mmHg  
Motility Normal \_\_\_\_\_ Abnormal \_\_\_\_\_  
Binocular Vision Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SLIT LAMP EXAM

#### NORMAL

#### ABNORMAL

#### SPECIFIC ABNORMALITIES

	Right	Left	Right	Left	
Conjunctiva					
Cornea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Iris/Pupil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eyelids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### INDIRECT OPHTHALMOSCOPY WITH SCLERAL DEPRESSION (Dilated Pupil)

#### NORMAL

#### ABNORMAL

#### SPECIFIC ABNORMALITIES

	Right	Left	Right	Left	
Disc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Macula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Retina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**\*THE COMMISSION WILL ONLY ACCEPT ORIGINAL EXAM SIGNED AND DATED BY OPHTHALMOLOGIST\***

**OPHTHALMOLOGICAL EXAM**

**PAGE 2**

The Commission shall deny, suspend, revoke, or place restrictions on the license of a professional boxer or martial arts fighter because of a medical or visual condition, (The Commission may also place restrictions for the same medical conditions on all amateur combatants under its jurisdiction) including but not limited to the following:

1. Uncorrected visual acuity of less than 20/200 in either eye or 20/60 with both eyes;
2. Corrected visual acuity of less than 20/60 in either eye, regardless of its cause;
3. A visual field of 60 degrees or less extending over one or more quadrants of the visual field;
4. Presence or history of retinal detachment or retinal tear unless treated by an ophthalmologist and then approved by an ophthalmologist specified by the Commission who then assesses that the boxer is at no significant risk of further injury to the retina if boxing is resumed. Such assessment shall occur both within five days before and five days after the contest;
5. Presence of primary or secondary glaucoma, whether or not such condition has been treated;
6. Presence of aphakia, pseudophakia, dislocated lens or cataract in either eye;
7. Any other visual condition which the Commission determines would prevent the applicant or licensee from safely engaging in boxing activities.

The examining physician is requested to mail a copy of any report, directly to the Commission of an applicant that has a condition that may preclude him/her from being licensed or cleared to participate in boxing activities.

**REPORT OF EYE EXAMINATION FOR PROFESSIONAL BOXER / UNARMED COMBATANT BY AN OPHTHALMOLOGIST**

**OPHTHALMOLOGIST REMARKS:**

**\*EXAMINATIONS BY AN OPTOMETRIST WILL NOT BE ACCEPTED\***

**OPTOMETRISTS PLEASE DO NOT COMPLETE EYE EXAMINATION**

**OPHTHALMOLOGIST:**

I have read the above criteria and, in accordance with the vision requirements as stated therein, have examined the applicant named on page one of this form and

I  HAVE  HAVE NOT medically cleared him/her to compete as a licensed boxer/unarmed combatant.

\_\_\_\_\_  
LICENSED OPHTHALMOLOGIST NAME AND LICENSE NUMBER (please print)

\_\_\_\_\_  
OPHTHALMOLOGIST SIGNATURE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY STATE ZIP CODE

( ) \_\_\_\_\_  
PHONE NUMBER

**APPLICANT:**

\_\_\_\_\_  
SIGNATURE OF CONTESTANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME PRINTED

\_\_\_\_\_  
PHONE NUMBER

**ANY ATTEMPT TO ALTER OR FALSIFY THIS DOCUMENT WILL RESULT IN FORFEITURE OF LICENSE AND/OR PROSECUTION IN A CRIMINAL COURT OF LAW.**



### EYE HISTORY

Has applicant every had any of the following conditions:

1. Blurred vision?  Yes  No
2. Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye?  
 Yes  No
3. Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia lens?  Yes  No

### EYE EXAMINATION

Vision without glasses	
Left	Right

Vision with glasses	
Left	Right

Visual Field	
Left	Right

### SEROLOGY

THE ORIGINAL REQUIRED LAB REPORT WITH APPLICANT'S NAME AND DATE THE TEST WAS PERFORMED **MUST** BE SUBMITTED.

REQUIRED LAB REPORTS TO INCLUDE: HIV, Hepatitis B (Surface Antigen) and Hepatitis C (Antibody)

### EXAMINING PHYSICIAN (MUST BE AN MD OR DO PHYSICIAN)

I have examined the above named subject and I  HAVE  HAVE NOT medically cleared to fight.

Remarks: \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S NAME / LICENSE # (PLEASE PRINT) SIGNATURE BY (MD or DO) ONLY DATE

STREET ADDRESS

CITY STATE ZIP CODE PHONE NUMBER

### \*MEDICAL RELEASE AUTHORIZATION\*

APPLICANT:

I AUTHORIZE any physician to release to the Arizona State Boxing Commission any of my medical records in his/her possession. I also authorize the Arizona State Boxing Commission to release any medical information or other personal information with respect to my status and licensure as a professional boxer or unarmed combatant which may be contained in any of its records to other State Commissions.

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

I agree that this authorization will be valid for a period of one year from the date indicated in this document.

NAME OF APPLICANT (PLEASE PRINT) APPLICANT'S SIGNATURE DATE