

History and Physical Examination Record for License as a Boxer

Telephone: (212) 417-5700

www.dos.ny.gov/athletic

SECTION	11—ТОВ	E COMPL	ETED	BYBO	OXER										
Personal		CHECK ONLY C	NE BOX):	_								TODAY	'S DA	TE	
History			l	_ First A	Applicat	tion			Ren	ewal Applicatio	n				
LEGAL NAME								2. RING NAME							
3. STREET ADD	DRESS (HOME)				Т	ELEPHONE	Ξ#			EMA	IL ADDRESS				
CITY								STATE			ZIP CODE	+ 4			
		1					П								
4. DATE OF BIF	RTH	5. COUNTR	Y OF BIRT	ГН				Are you a U.S	S. ci	itizen? 🗌 YE	s 🗆 N)			
6. MANAGER'S	NAME							7. TRAINER'S NA	AME					□ MALE	FEMALE
0. CIDCLE THE	LUCUEST VEAD	OF SCHOOLIN	IC VOLLIL	AVE COMP	LETER										
8. CIRCLE THE						6	7	0		шоне	CLIOOL	0	4,	0 1	4 40
ELEMENT COLLEGE		1 2 1 2	3 3	4 4	5	6	7	8 OTHER:		півп	CHOOL	9	10	0 1	1 12
Boxing	9. PRESEN				MBER OF J HAVE E			AMATEUR	:	PROFESSIONAL	_ 11. Y	OUR AGE A	AT FIF	RST FIGHT	
History	DIVIDIO	•			KING	JEE!N									
12. PROFESSIO BOXING REC		LOST [DRAW	13. NUM AMA	BER OF TEUR FIG	SHTS				14. DATE OF LAS	ST BOUT		i	OUTCOM	ИE
15. Have y	ou ever be	en knocke	ed out	or suff	ered a	TKO	duri	ng a match?						YES*	\square NO
*If YES,	explain:														
16. Have y	ou ever be	en suspen	ded m	edicall	y after	a matc	h?							YES*	\square NO
*If YES,	explain:														
17. Have y	ou ever be	en hospita	ılized a	after a ı	match	?								YES*	\square NO
	explain:														
	-			_		-		ek?					_		
		-		_		•									
	· ·			-	_										
	_							rring?					_		
	• • •		_		•	•	•							YES	□NO
								weight? .							
•			•	•				Č					Ц	YES	□NO
25. Gym na	ime, addre	ss and tele	epnone	÷ #:											
Medical	1														
History															
•		en uncons	scious	for any	reasc	on?			• •					YES*	□ NO
,	explain:														
•	•	•												YES	□ NO
•														YES	□ NO
														YES	□ NO
								roblems?						YES	□ NO
31. Do you OOS-759 (Rev.		n headacl	nes, di	zziness	or me	emory	prob	olems?				• • •		YES F	□ NO Page 1 of 6

S	ECTION 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?		\square YES	\square NO
34.	Do you suffer from blurred, defective or double vision?		\square YES	\square NO
35.	Have you ever suffered from a ringing or buzzing noise in your ears?		\square YES	\square NO
36.	Have you ever suffered from decreased hearing?		\square YES	\square NO
37.	Do you have a well fitted mouthpiece?		\square YES	\square NO
38.	Do you have any allergies?		□ YES*	□NO
39.	Do you suffer from shortness of breath or irregular beating of the heart?		□ YES	□NO
40.	Do you smoke?		\square YES	\square NO
41.	Do you suffer pain or pressure (heaviness) in the chest?		\square YES	\square NO
42.	Have you ever been told that you have heart disease?		\square YES	\square 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?		\square YES	\square NO
45.	Have you ever been told that you have an ulcer or any other abdominal disease?		\square YES	\square NO
46.	Have you ever suffered from any bone-joint disease?		\square YES	\square NO
47.	Have you ever suffered from any back, neck, shoulder, arm or leg injuries?		\square YES	\square NO
48.	Do you have any difficulties with bowel movements or urination?		\square YES	\square NO
49.	Have you ever been treated for venereal disease (e.g., syphilis, gonorrhea)?		\square YES	\square NO
50.	Have you ever had any major illness or surgical operation?		\square YES	\square NO
51.	Have you ever been hospitalized?		\square YES	\square NO
52.	Have you seen a doctor, dentist or any health professional in the past year?		\square YES	\square NO
53.	Do you or any member of your family have sickle cell anemia?		\square YES	\square NO
54.	Has any member of your family had any neurological or brain disorders?		\square YES	\square NO
	Have you any other information concerning your health — <i>past</i> and <i>present</i> — which has not been covered by the above questions?		□ YES	□NO
	Comments, if any:			
	Applicant Certification — I hereby certify that the above statements are true and correct t knowledge and belief. I further understand that all statements and information supplied by penalty of perjury and, if untrue and not informative, will lead to penalty and/or suspension	me are m	•	the
	X			
	Applicant Signature Date			
	Physician's Signature Date			
	Reviewed by (Physician) Date			

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1.	VITAL SIGNS A) BLOOD PRESSURE	B) PULSE (AT REST)	C) PULS	E (AFTER 20 HOPS)	D) PULSE (2 MINUTES AFTER EXERCISE)		
	COMMENT						
2.	HEAD AND FACE (Describ	pe scars, swelling, tenderness, e	etc.)	□NORMAL	□ ABNORMAL	□ NOT EXAMINED	
3.		O CONJUNCTIVEA TY (SNELLEN CHART) UNCORRECTE	<u>RIGHT</u> :D:	□ NORMAL □ NORMAL <u>LEFT</u> CORRE	□ ABNORMAL □ ABNORMAL RIGHT CTED:	□ NOT EXAMINED □ NOT EXAMINED <u>LEFT</u>	
4.	EARS (Including tympanic external auditory canals, a	c membrane, auditory acuity for conversationa	al 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	

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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	DEEL EVEC			□ NOT EVAMINED
20.	REFLEXES	□NORMAL	□ ABNORMAL	□ NOT EXAMINE

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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 T LIST TRIAL 1 TRIAL 2 TRIAL 3	RIAL	S)	
CHAIR			
BLUE		_	
ORANGE		-	
DENOU		_	
PENCIL			
BEACH		_	/15
TOTAL		_	SCORE
6 9 7 4 2 3		1	
5 4 2 8 6 1 5 8 6 4 2 7 5 3 9 4 7 3 6 1 9 8	0	1	
MONTHS IN REVERSE ORDER (1 POINT FOR ENTIRE SEQUENCE CORDEC - NOV - OCT - SEP - AUG - JUL	REC	T)	
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
FOTAL POINT SCORE			, 33
	_		
If boxer applicant scores less than 18 points on the men			
work-up is indicated <i>unless</i> the score can be explained o (please note explanation on page 6 of 6)	n th	e basis of e	ducation and/or a language barrie

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SECTIO	ON 2 CONTINUED — T	O BE COMPLETED B	Y EXAMINING PH	IYSICIAN		
21. MENTA	AL STATUS, continued					
Explanation	n of score less than 18 poir	nts:				
		DIAGNO	STICEVALU.	ATION		
	Brain Scan	Electrocardiogram	Eye Exam	HIV	HBSAG	НСАВ
DATE						
RESULTS			<u>. </u>		·	<u> </u>
Physicia	n's Certification —	- I hereby certify that	t I have examine	d (<i>print full leg</i>	al and ring nam	e of applicant)
on this d	ay, (insert date)		have found that:			
	ere are no abnorma	alities on this applica	ant's physical ex	amination that	contraindicate pa	articipation in
	ere are abnormalitioxing (specify):	ies on this applicant'	s physical exami	ination that cor	traindicate partic	cipation in
_						
_						
Nan	ne of Physician (PRI	INT):				
	Signature of Physic	cian: <u>X</u>				
	Office Add	ress:				

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Office Telephone Number: