

**COMMONWEALTH OF PENNSYLVANIA**  
**STATE ATHLETIC COMMISSION**  
"ANNUAL PHYSICAL"  
**PHYSICIAN'S EXAMINATION - DATE:** \_\_\_\_\_

BOXER'S NAME: \_\_\_\_\_  
SS #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
AGE: \_\_\_\_\_ Federal ID# \_\_\_\_\_ CURRENT WEIGHT: \_\_\_\_\_ HEIGHT \_\_\_\_\_

**TO BE COMPLETED BY EXAMINING PHYSICIAN:**

UNLESS STATED Indicate normal findings by placing a check (VISION must be at least **20/70-W/O Glasses**)

1. Visual Acuity: **List Actual** \_\_\_\_\_ Peripheral Vision (**DEGREES**) \_\_\_\_\_
2. Pupils: Regular \_\_\_\_\_ Equal \_\_\_\_\_ React to light \_\_\_\_\_ Anterior Segment \_\_\_\_\_
3. Periorbital Regions (describe scars, if any) \_\_\_\_\_
4. Oropharynx: \_\_\_\_\_ Ears (discharge, etc.) \_\_\_\_\_
5. Lungs: (Any abnormal breath sounds, friction rub, rales, etc.) \_\_\_\_\_
6. Heart Rate: **List Actual** \_\_\_\_\_ Any irregularity \_\_\_\_\_ Murmurs \_\_\_\_\_
7. Pulse Rate: **List Actual** \_\_\_\_\_ Blood Pressure: **List Actual** \_\_\_\_\_
8. Abdominal Exam: \_\_\_\_\_
9. Extremities (Stiffness, swelling, tenderness): **YES** \_\_\_\_ **NO** \_\_\_\_\_
10. Hands (fists): Any Fractures, or Swelling: **YES** \_\_\_\_ **NO** \_\_\_\_\_
11. Nervous System: Orientation \_\_\_\_\_ Cerebellum \_\_\_\_\_ Cranial Nerves \_\_\_\_\_
12. Nose: Instability **YES** \_\_\_\_ **NO** \_\_\_\_\_ Obstruction **YES** \_\_\_\_ **NO** \_\_\_\_\_
13. Coordination: Finger to Nose - Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
14. Tandem Gait: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
15. In your opinion is this individual in condition to compete as a professional Boxer: **YES** \_\_\_\_ **NO** \_\_\_\_  
IF NO WHY \_\_\_\_\_

**NAME OF EXAMINING PHYSICIAN (PRINT):** \_\_\_\_\_  
**TELEPHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_  
**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SEND TO:**

PENNSYLVANIA STATE ATHLETIC COMMISSION  
2601 North 3<sup>rd</sup> Street  
HARRISBURG, PA 17110

**TELEPHONE #:** 717-787-5720  
**FAX #:** 717-783-0824