



CALIFORNIA STATE ATHLETIC COMMISSION

2005 Evergreen Street, Suite 2010 | Sacramento, California 95815

Phone: (916) 263-2195 Fax: (916) 263-2197

Website: www.dca.ca.gov/csac Email: CSAC@dca.ca.gov



CARDIOVASCULAR HISTORY

Only a licensed physician may conduct EKG examinations and complete this form. Please complete this form in its entirety.

NOTE TO PHYSICIAN: PLEASE EMAIL COMPLETED FORM AND EKG REPORT TO csac@dca.ca.gov OR FAX TO (916) 263-2197.

This examination does not take the place of any other examination required by the Commission. It also does not take the place of any general physical examination, diagnosis, or medical treatment of the applicant. It is solely for the purpose of aiding the Commission in determining whether the applicant's present cardiac condition permits him or her to be licensed for competition.

Name of applicant (Print Full Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of EKG Report: \_\_\_\_\_

Date of this report: \_\_\_\_\_

Cardiovascular History (to be completed by the applicant)

Have you ever fainted during or after exercise? Yes No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How many bouts have you had since your last EKG? \_\_\_\_\_

How many rounds have you fought since your last EKG? \_\_\_\_\_

Have you ever had chest pain during or after exercise? Yes No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you get tired more quickly than your friends do during exercise? Yes No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had racing of your heart or skipped heartbeats? Yes No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you been told you had high blood pressure or high cholesterol? Yes No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been told you have a heart murmur? Yes No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has any family member or relative died of heart problems or of sudden death before age 50? Yes No

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

Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the past month? Yes No

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

Has a physician ever denied or restricted your participation in sports for any heart problems? Yes No

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

# CARDIOVASCULAR HISTORY

APPLICANT NAME: \_\_\_\_\_

## Cardiovascular Examination *(to be completed by the physician)*

Does the athlete have Normal Sinus Rhythm?    **Yes**    **No** If no, please explain: \_\_\_\_\_

Is the EKG Report within normal limits?    **Yes**    **No** If no, please explain: \_\_\_\_\_

Based on your personal medical opinion and considering commission rules, is this applicant cardiologically eligible to be licensed to compete and participate in combative sports?    **Yes**    **No** If no, please explain: \_\_\_\_\_

Is further referral or additional examinations necessary or recommended?    **Yes**    **No** If yes, please explain: \_\_\_\_\_

_____ LICENSED PHYSICIAN'S NAME (print)	_____ MEDICAL LICENSE NO.	_____ APPLICANT NAME (print)
_____ ADDRESS / CITY / STATE / ZIP CODE		_____ APPLICANT SIGNATURE
_____ TELEPHONE NO.	_____ DATE/TIME	_____ PERSON WHO ASSISTED'S NAME (print)
_____ PHYSICIAN'S SIGNATURE		_____ PERSON WHO ASSISTED'S SIGNATURE

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<b>Office Use</b> Approved by: _____ Date: _____ Exp. Date: _____
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