



DEPARTMENT OF CONSUMER AFFAIRS  
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.  
**CALIFORNIA STATE ATHLETIC COMMISSION**  
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Members of the advisory Committee on  
Medical & Safety Standards

Dr. Paul Wallace  
Dr. Rudolph-Bear Gamboa  
Dr. Brian Estwick  
Dr. Rhonda Rand  
Dr. Jonathan Schleimer  
Dr. Diego Allende

Members of the Commission

John Carvelli, Chair  
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John Frierson  
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Van Gordon Sauter  
Vernon Williams  
Luis Ayala

# ADVISORY COMMITTEE ON MEDICAL AND SAFETY STANDARDS MEETING AGENDA

**Saturday, March 25, 2017**  
2:30 p.m. – Conclusion of Business

Location:

University of West Los Angeles  
9800 South La Cienega Boulevard, 12th Floor  
Inglewood, CA 90301

## OPEN SESSION

1. Call to Order/ Pledge of Allegiance/ Roll Call
2. Opening Remarks by Chairperson
3. Approval of December 10, 2016, MAC Meeting Minutes
4. Injury Report: Hospitalizations
5. Commission Studies: Dehydration and Neuropsychological Testing
6. Approval of Ringside Physician Training and Evaluation Forms
7. Discussion and Possible Creation of List of Suggested Neurologists Familiar with Athletic Commission Medical Licensing Requirements
8. WAVI Presentation on Concussion Management
9. Legal Opinion from the Department of Consumer Affairs Legal Department Regarding Indemnification of Ringside Physicians

10. Overview of the Boxing and Mixed Martial Arts Registry System
11. Review of the Boxing Severity Index and the Win Probability Algorithm
12. Discussion and Update on C3 Logix Neurological Testing Program
13. Discussion and Update on "Examination of Boxer Applicants" Regulation Package
14. Review and Possible Revision of the Referee Physical and Pre-Fight Physical Form
15. Discussion and Update on Licensing Application and Physical as it Relates to Dehydration and Appropriate Weight Class
16. Working with the Referee to Stop the Fight
17. Public Comment on Items Not on the Agenda  
*(The Commission may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting pursuant to Government Code §§ 11125, 11125.7(a)).*
18. ADJOURNMENT

**NOTICE:** *The meeting is accessible to the physically disabled. a person who needs disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Heather Jackson at (916) 263-2195 or email [heather.jackson@dca.ca.gov](mailto:heather.jackson@dca.ca.gov) or sending a written request to the California State athletic Commission, 2005 Evergreen Street, Suite 2010, Sacramento, CA 95815. Providing your request at least five (5) days before the meeting will help ensure availability of the requested accommodation. Requests for further information should be directed to Heather Jackson at the same address and telephone number.*

*Meetings of the California State athletic Commission are open to the public except when specifically noticed otherwise in accordance with the Open Meetings act. The audience will be given appropriate opportunities to comment on any issue presented.*

## **Agenda Item #3**

*Approval of December 10, 2016, MAC Meeting Minutes*

## **Agenda Item #5**

*Commission Studies: Dehydration and  
Neuropsychological Testing*

## **Agenda Item #6**

*Approval of Ringside Physician Training and  
Evaluation Forms*



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## PROCTOR FORM FOR RINGSIDE PHYSICIANS IN TRAINING

Physician In Training Name: \_\_\_\_\_  
(Printed Name) (Signature)

Boxing     Kickboxing     MMA     Other \_\_\_\_\_

**Pass    Fail    N/A**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Punctual and had all appropriate medical equipment  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Participated in walk through <b>and</b> gave <u>complete</u> instructions to Paramedic crew |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PERFORM all <u>weigh-in</u> and prefight physicals  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basic knowledge and understanding of boxing rules   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Presence at ringside, paid <u>attention to details</u> and asked questions during the show  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction with other state officials  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate identification of injuries and algorithm of treatment plan                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ability to communicate succinctly and correctly with authority                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Critical and timely thinking (medical judgment) when under pressure                         |

Overall Rating: 0 – 100% \_\_\_\_\_ (Each area is 10%; 80% minimum needed to pass)

I recommend this physician for membership  Yes  No

Personal observation and Comments: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Venue: \_\_\_\_\_

I, \_\_\_\_\_ reviewed and had discussion with the Proctor regarding my rating for this show.

**X**  
 \_\_\_\_\_  
 Proctor's Signature



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**Addendum to Ringside Physician Application**  
*To be completed after training.*

**LIST OF SIX EVENTS WHERE YOU WERE TRAINED BY A LICENSED RINGSIDE PHYSICIAN:**

DATE	LOCATION	RINGSIDE PHYSICIAN
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

**LIST OF TWO TRAINING CLINICS YOU ATTENDED:**

DATE	LOCATION
1.	_____
2.	_____

I declare under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Agenda Item #9**

*Legal Opinion from the Department of Consumer Affairs  
Legal Department Regarding Indemnification of  
Ringside Physicians*



## **Agenda Item #11**

*Review of the Boxing Severity Index and the Win  
Probability Algorithm*



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## **BOXING SEVERITY INDEX (BSI)**

1) ACTIVITY (fights in the last 2 years)

1 (or less) +1

2) RECENT RECORD

Lost 5 or more in a row +2

Lost 3 of last 4 +1

Won 3 of last 4 -1

3) KO or TKO (Loss)

More than 4 in last 2 years +3

3 or less in last 2 years +2

Last fight by KO +1

4) Age

Greater than 44 +2

Greater than 35 +1

5) RING AGE

Greater than 500 rounds +1

Amateur experience

Each fight = 1 pro round

Greater than 5 years +1

**TOTAL SCORE:** +3 - +4 = High Risk Category "C"  
+5 - +6 = High Risk Category "B"  
+7 - +9 = High Risk Category "A"

Categories A, B, and C indicate the fighter needs further clinical evaluation by the commission and their medical advisory board before licensure. This scale is not meant to replace good judgment, but to be utilized as one objective tool to determine suitability to compete.



## MEMORANDUM

<b>DATE</b>	March 25, 2017
<b>TO</b>	Members of the Medical Advisory Committee to the California State Athletic Commission
<b>FROM</b>	Andy Foster, Executive Officer California State Athletic Commission
<b>SUBJECT</b>	<b>Agenda Item #11: Review of the Boxing Severity Index and the Win Probability Algorithm</b>

### BoxRec Ratings Structure

All these ratings evaluate every day all bouts in the database in chronological sequence. A higher rated boxer should be expected to defeat a lower rated boxer with increasing probability by increasing rating difference.

### Current Ratings

1. Every boxer gets a first rating of 0 before his first bout.
2. After every bout, the ratings of the two boxers involved are changed depending on the bout's official result ([KO](#), [TKO](#), [RTD](#), [UD](#), [PTS](#), [NWS](#), [MD](#), [SD](#), [DQ](#), [TD](#), [DRAW](#)).
3. The value of a result varies between  $v=1$  and  $v=0$ .
4. The clear decision factor varies between  $cd=1$  and  $cd=0$ .
5. The winner cannot lose points for KO, TKO, RTD, DQ, TD and decisions on points with  $cd=1$
6. KO, TKO, RTD are rewarded with full value  $v=1$ ,  $cd=1$ .
7. NWS is rewarded with full value  $v=1$  for 12 rounds boxed and more and a lower value related to the number of rounds boxed. Clear decision factor  $cd=1$ .
8. UD, PTS are rewarded with full value  $v=1$  for 12 rounds boxed and more and a lower value related to the number of rounds boxed, clear decision factor  $cd=1$ . This is valid, if the score cards are not available.
9. DRAW is rewarded with full value  $v=1$  for 12 rounds boxed and more and a lower value related to the number of rounds boxed. Clear decision factor  $cd=0$ .
10. MD, SD, DQ, TD are rewarded with full value  $v=1$  for 12 rounds boxed and more and a lower value related to the number of rounds boxed. Clear decision factor  $cd=0.5$ . This is valid, if the score cards are not available.
11. If the score cards are available, the value rewarded is in direct proportion to the rounds boxed, with full value  $v=1$  for 12 rounds boxed and more. The clear decision factor is in proportion to rounds boxed and the mean score difference per judge.  $cd=1$  for a mean score difference per judge of 50% of the rounds boxed.
12. All bouts are regarded to have the same weight independent of titles.

13. The winner gets a certain part of the opponent's points and a certain part of the rating difference to the opponent's rating.
14. For a DRAW the rating of the higher rated boxer is reduced by some part of the point difference; the rating of the lower rated boxer is enhanced by the same amount of points.
15. The full relative point reward is 33%. It is in direct proportion to the pre-bout rating of the defeated opponent.
16. The winner also gets additional points from the bout's additional points value in proportion of the opponent's rating to his own rating
17. The bout's additional points value comprehends 3 parts
18. 1 point anyway - another 4 points for an opponent connected by strong results to other connected boxers - and another up to 258 points for an opponent in the division top 50 for men and the division top 30 for women
19. The rating of a boxer is reduced, if he didn't box an opponent with a rating of at least 50% (for men) or 33% (for women) of his own rating points within 18 months.
20. The rating of a boxer is reduced by up to 50% in proportion to the difference of 2 times the rating points of his best opponent in this time period minus his own rating for men.
21. The rating of a boxer is reduced by up to 50% in proportion to the difference of 3 times the rating points of his best opponent in this time period minus his own rating for women.
22. The rating of a boxer is reduced by 50% for every time period of inactivity of 18 months.
23. The pre-bout rating of a successfully debuting boxer is set to 25% of his opponents pre-bout rating.

### Formula

If a boxer with a rating of  $r_a$  before the fight defeats a boxer  $b$  with a rating of  $r_b$  before the fight with result of value  $v$  and clear decision factor  $cd$ , the new ratings  $r_{a\_new}$  and  $r_{b\_new}$  after a fight are,  $earn\_f$  is 33.3%:

- $earn = earn\_f * v * (r_b * cd + (r_b - r_a) / (1 + 2 * cd))$ ;
- $r_{a\_new} = r_a + earn$
- $r_{b\_new} = r_b - earn$

### Additional points:

- Opponent is connected or not:  $con = (1 \text{ or } 0)$ , value of result  $v$ , clearness of decision  $cd$ , winner's rating  $r_a$ , opponents rating  $r_b$ , opponent's rank in division  $rank$  (#1 is equivalent to #2):

Additional points winner =  $(1 + 4 * con + 258 / (rank - 1)) * v * cd * (r_b + 10) / (r_a + r_b + 20)$

### Rating reduction caused by missing opponent quality:

- $r_{red-10} = (r_{old} - 10) * (1 - 0.5 * (1 - 2 * best\_opp / r_{old}))$  for men
- $r_{red-10} = (r_{old} - 10) * (1 - 0.5 * (1 - 3 * best\_opp / r_{old}))$  for women

### Examples

Boxer a KO boxer b, a has 1000 points, b has 500 points. launch state 4,  $v=1$ ,  $cd=1$ ,

- $earn = 0.33 * 1 * (500 * 1 + (500 - 1000) / (1 + 2 * 1)) = 111$
- $r_{a\_new} = 1000 + 111 = 1111$
- $r_{b\_new} = 500 - 111 = 389$

Boxer a UD 6 boxer b, scores 59:55 58:56 58:56, a has 1000 points, b has 500 points.

- A 6 rounder is rewarded with value 6/12,  $v=0.5$
- UD is rewarded with  $cd=1$  at maximum

- mean score difference per judge is  $(4+2+2)/3 = 2.667$ , which is rewarded in direct proportion to half the rounds boxed with  $cd = 2.667/3 = 0.89$  at maximum
- so  $cd=0.89$
- $earn = 0.33 * 0.5 * (500*0.89 + (500-1000)/(1+2*0.89)) = 44$
- $r\_a\_new = 1000 + 44 = 1044$
- $r\_b\_new = 500 - 44 = 456$

Boxer a SD 4 boxer b, scores 39:37 39:37 37:39, a has 1000 points, b has 500 points

- A 4 rounder is rewarded with  $4/12$ ,  $v=0.333$
- SD is rewarded with  $cd=0.5$  at maximum
- mean score difference per judge is  $(2+2-2)/3 = 0.667$ , which is rewarded in direct proportion to half the rounds boxed  $0.667/2$  at maximum\
- so  $cd=0.333$
- $earn = 0.33 * 0.33 * (500*0.33 + (500-1000)/(1+2*0.33)) = -15$
- $r\_a\_new = 1000 - 15 = 985$
- $r\_b\_new = 500 + 15 = 515$

More complex - Boxer a KO 4 boxer b, a has 300 points, b has 400 points, boxer b is connected  $con=1$ ,  $v=1$ ,  $cd=1$ , opponent's rank in division  $rank=5$

- $earn = 0.33 * 1 * (400*1 + (400-300)/(1+2*1)) = 143$
- $r\_a\_new = 300 + 143 = 443$
- $r\_b\_new = 400 - 143 = 257$

Additional points:

- additional points winner =  $(1 + 4*1 + 258/(5-1)) * 1 * 1 * (400+10)/(400+300+20) = 40$
- $r\_a\_new = 444 + 40 = 484$
- $r\_a\_new = 257 + 0 = 257$

## **Agenda Item #13**

*Discussion and Update on "Examination of Boxer Applicants" Regulation Package*



## MEMORANDUM

<b>DATE</b>	March 25, 2017
<b>TO</b>	Members of the Medical Advisory Committee to the California State Athletic Commission
<b>FROM</b>	Andy Foster, Executive Officer California State Athletic Commission
<b>SUBJECT</b>	<b>Agenda Item #13</b> – Discussion and Update on "Examination of Boxer Applicants" Regulation Package

On August 12, 2016, the Commission submitted to the Office of Administrative Law proposed changes to section 280, of Division 2, of Title 4 of the California Code of Regulations "Examination of Boxer Applicants."

Per the Administrative Procedure Act, the Commission has 1 year to complete the rulemaking process on proposed language. The Commission completed all procedural requirements and submitted a complete rulemaking file to the Department of Consumer Affairs for review and approval on November 16, 2016. Since this time, Commission staff has recommended significant changes to the neurological assessment, section 280 (h) of the proposed language. These changes are as a result of implementation of the C3 Logix Program, as well as the change in the Commission's appropriation of the Neurological Fund.

Commission staff requires additional time to complete the factual basis/rationale of the changes; consequently, we do not anticipate this package being completed by August 2017.

As a result, I recommended to the Commission at the March 14, 2017, meeting to withdraw the proposed regulation "Examination of Boxer Applicants" to allow sufficient time to prepare and propose a new rulemaking file.

## **Agenda Item #14**

*Review and Possible Revision of the Referee Physical and  
Pre-Fight Physical Form*





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## REFEREE PRE-FIGHT PHYSICAL (Rule 375)

EVENT DATE: \_\_\_\_\_ PROMOTER: \_\_\_\_\_ EVENT LOCATION: \_\_\_\_\_

### (1) TO BE COMPLETED BY THE REFEREE

Do you have any illness, disease, or other condition that may impair your ability to perform as a referee, including any recent major surgery, concussion, stroke, or other injury to the brain?

No  Yes If yes, describe \_\_\_\_\_

List all medications you are currently taking (over-the-counter or prescribed).

When was the last time you took any type of medication or drug? (State what type and when – be specific.)

Do you have uncorrected vision acuity of at least 20/100 in both eyes?  No  Yes

Do you have any eye problem that might impair your ability to perform as a referee?  No  Yes

Are you currently experiencing any chest pains or shortness of breath?  No  Yes

***I declare under penalty of perjury under the laws of the State of California that the above answers are true and correct.***

Print Full Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### (2) TO BE COMPLETED BY THE PHYSICIAN

Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_ Temp: \_\_\_\_\_

Pulse: Sitting \_\_\_\_\_ Standing \_\_\_\_\_

Blood Pressure: At rest \_\_\_\_\_; After 100 hops \_\_\_\_\_; After 2 minutes \_\_\_\_\_

Eyes: Right \_\_\_\_\_ Left \_\_\_\_\_

I have examined the above-named person and find his/her physically fit to referee in the boxing or martial arts event for the above date.

I have examined the above-named person and he/she has a condition that impairs his/her ability to perform as a referee and shall not be permitted to referee this event.

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

### COMMISSION PHYSICIAN CONDUCTING THIS EVALUATION:

NAME (print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



## PRE-BOUT MEDICAL QUESTIONNAIRE

***This questionnaire needs to be completed in full. Only the licensed Commission Physician evaluating the contestant may assist the contestant in completing this questionnaire.***

### Attention Physician:

All available licensing medical examinations and competition history are in the Event Packet. At a minimum the medical examinations available to you are the Physical Examination, Ophthalmologic Examination, Neurological Examination, MRI Diagnostic Report and MRI Summary, EKG Report and Cardiovascular History, and lab work. Please consult with the Event Supervisor if you need any additional information or if there is information missing.

If any condition is disclosed in this questionnaire, you shall immediately inform the Commission Representative and unless a clearance is received from the contestant's attending physician in consultation with you or a Commission approved physician, the contestant will not be allowed to compete.

You must be able to determine that the specific condition and or matter in question does not affect the contestant's ability to perform or present a potential threat to the contestant's health as a result of competing in the contest or match.

Contestant's Name: \_\_\_\_\_

Personal physician contact information:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

When was your last bout, and what was the result of the bout? \_\_\_\_\_

How much did you weigh when you began training for this bout? \_\_\_\_\_ Two weeks ago? \_\_\_\_\_

Have you ever suffered any knockouts (KO's), technical knockout's (TKO's), or any kind of loss of consciousness in the last twelve (12) months during a bout, sparring or in any other activity?  YES  NO If yes, please list and give dates and details:

Have you ever had any broken bones or arthritis?  YES  NO If yes, please give date and the details:

Have you ever suffered any eye injury or had any eye problems?  YES  NO If yes, please list and give dates and details:

Have you ever had any hearing problems?  YES  NO If yes, please give date and the details:

Have you ever had a neuromuscular condition, including peripheral nerves, muscle or brain problems?  YES  NO If yes, please give date and details:

Have you ever had any heart or cardiovascular condition?  YES  NO If yes, please give date and details:

Have you ever had any pulmonary or respiratory condition including asthma?  YES  NO If yes, please give details:

Are you pregnant?  YES  NO If yes, please give date the pregnancy was confirmed and refer to the Pregnancy Advisory Notice:

Have you ever had any renal or urological condition?  YES  NO If yes, please list and give date and details:

**PRE-BOU T MEDICAL QUESTIONNAIRE**

**Participant Name:** \_\_\_\_\_

Have you ever had a hematological condition or any unusual bleeding or bruising problems?  **YES**  **NO** If yes, please list and give date and details: \_\_\_\_\_

**Do you have any conditions of which you are aware such as:**

Any surgical procedure?  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

Any serious illness, disease or allergy from either food or medicine?  **YES**  **NO** If yes, please list and give date and details: \_\_\_\_\_

Any lacerations (cuts) requiring sutures in the last 90 days?  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

**To your knowledge have you taken any of the following?**

Any medication or drug either over the counter or prescribed  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

Any medication, drug or vitamin supplement to help you lose weight for this bout  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

Any vitamin or nutritional supplement  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

**Have you undergone any of the following medical examinations?**

MRI or CT scan of the brain (brain imaging scan)?  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

EEG (test that measures electrical activity in the brain)?  **YES**  **NO** If yes, please list and give dates and details: \_\_\_\_\_

EKG (test that measures electrical activity of the heart)?  **YES**  **NO** If yes, please list and give date and details: \_\_\_\_\_

I, \_\_\_\_\_  
**PRINT NAME** **SIGNATURE**  
the CONTESTANT, declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

I, \_\_\_\_\_  
**PRINT NAME** **SIGNATURE**  
assisted the Contestant in completing this form and declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

**COMMISSION PHYSICIAN CONDUCTING THIS EVALUATION:**

\_\_\_\_\_  
**NAME (print)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**TIME:**

## **Agenda Item #15**

*Discussion and Update on Licensing Application and  
Physical as it Relates to Dehydration and Appropriate  
Weight Class*



## MEMORANDUM

<b>DATE</b>	March 25, 2017
<b>TO</b>	Members of the Medical Advisory Committee to the California State Athletic Commission
<b>FROM</b>	Andy Foster, Executive Officer California State Athletic Commission <i>Andy Foster</i>
<b>SUBJECT</b>	Agenda Item #15: Discussion and Update on Licensing Application and Physical as it Relates to Dehydration and Appropriate Weight Class

In combative sports like Mixed Martial Arts (MMA), wrestling and boxing, athletes are placed in weight class categories in order to provide a fair match between contestants and to protect the health and safety of the athletes. The goal to meet the threshold of a certain weight class is often met primarily by dehydrating the body. While this issue is practiced by many within mixed martial arts, not all athletes are cutting dangerous amounts of weight. This creates a safety and competitive issue regarding the fairness of the bout and effectively circumvents the purpose of the weight classes. Many athletes that should be in a heavier weight class gain a competitive advantage at the expense of those athletes who naturally belong in that weight class. In addition, many athletes who would be satisfied to fight in a weight class closer to their natural walking weight are essentially forced to cut large amounts of weight because they are concerned that their opponent is cutting large amounts of weight.

Consequently, weight cutting is a common and dangerous procedure used by athletes in combative sports for competitive advantage. Therefore, the Commission has determined that it is immediately necessary to take additional measures to prevent athletes from using severe dehydration as a method to make the contracted bout weight at events regulated in California. As a result, the Commission has developed a 10 point plan that outlines measures that can be taken to ensure the health and safety of professional athletes.

1. Licensing by Weight Class - Requesting the athlete select the lowest weight class they intend to compete at. Following up with a series of questions related to dehydration and weight cutting will allow the Commission to better approve matches and track critical weight information. The Physical Examination associated with the Commission's licensing application requires that the licensing physician certify that the requested weight class is safe for the athlete. (Authority-Rule 210, 280, 282, 298) – Please See attached the Draft Application for Professional Athlete and Professional Athlete Physical Examination.
2. Changes to the bout agreement to obtain parity with boxing - Draft and approve a contract that fines the contestant that fails to make the contract weight 20% of his compensation equally distributed to the Commission and the opponent, as well as 20% of all bonuses (including win bonuses) to the opponent. This will force fighters to compete at weights closer

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**March 25, 2017**

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to their natural walking weight. It will also reward fighters who take a fight against a larger opponent and lose. (Authority-Rule 220) – Please see Attached Draft Bout Contract

3. Additional weight classes. 165, 175, 195, 225 with the removal of 170. This places each weight class below 205 at 10 pound increments. Along with licensing by weight class and ringside physician certification, the new weight classes are essential so that each individual athlete has more options to choose a class that is suitable for them. (Authority-Association of Boxing Commissions) – Please see attached letter from the ABC Rules Committee and letter to the ABC Medical Committee
4. Implement policy changes to the way matches are approved with an emphasis on appropriate weight class. A formal request has been made to the Official Database of the ABC to add a weight class category as a required field and also a listing by the matchmaker of the weight the fighter was when the bout was offered. – Please see attached letter to the Official MMA Record Keeper of the ABC
5. Weight Class restrictions for fighters who miss weight more than once. A fighter who misses weight more than once will be required to compete in a higher weight class until a physician certifies the weight is appropriate and is approved by the Commission for competition in the weight class. (Authority-Rule 282, 283, Rule 298) – Discussion item, can be done by the physician at weigh in or post bout on the suspension form.
6. Continue early weigh-ins to allow maximum time for rehydration and mental preparation for the combat sports competition. (Authority Rule 297) – Discussion Item
7. A second weight check the day of the event to ensure fighters have not gained more than 8% of their body weight back in the 30 hours between the official weigh in and the event. Fighters who gain so much weight between weigh in and the fight may still be allowed to compete but may be required to move to the next weight class for future bouts. (Authority Rule 285) – Discussion item.
8. Checks for Dehydration by specific gravity and/or physical by Ringside Physicians at both the official weigh in and the second day weight check. (Authority Rule 281, Rule 299)]
9. Implement a 30-day and 10-day weight check for advertised high level title fights. The WBC has success with this approach in boxing, and it provides for safe benchmarks. While this “weight check” could be manipulated because a Commission inspector is not always available to supervise this, we can do it by Skype or other electronic means. While not perfect, this is simply a way for the Commission physicians to keep track of the fighter’s progress to the intended weight class. (Authority Rule 285)
10. Matchmaker and Promoter Examination and Education regarding weight cutting and dehydration as it relates to offering and contracting of bouts. (Authority Rule 217)

**Attachments:**

1. Draft Application for Professional Athlete and Professional Athlete Physical Examination
2. Draft Bout Contract
3. Letters from the ABC Rules Committee and the ABC Medical Committee
4. Letter to the Official MMA Database Record Keeper of the ABC

**Attachment #1** – Draft  
Application for Professional  
Athlete and Professional  
Athlete Physical Examination



## APPLICATION FOR PROFESSIONAL ATHLETE

BOXING       MIXED MARTIAL ARTS       KICKBOXING

**You must submit all the items listed below before your application is processed.**

**Your application will be considered "Pending" if provided information is either incomplete or not provided.**

- \$60 Application Fee.
  - Two (2) passport sized photograph (2"x 2")  
*Note: emailed electronic photo preferred.*
  - Physical Examination Report by licensed physician.
  - Eye Examination by licensed Ophthalmologist or Optometrist.
  - Neurological Examination Report (by licensed physician specializing in neurology and/or neurosurgery).
  - MRI Diagnostic Report
  - MRI Summary Report
  - EKG Examination\*
  - Cardiovascular History form\*
  - Negative HIV, HCV Antibody (Hepatitis C), and HBV Surface Antigen (Hepatitis B) test results must be submitted on the letterhead of a CLEA certified laboratory in the United States.
  - C3 Logix Neurological Test (as ordered by a Commission physician)
- \*Baseline examinations. Only when ordered.*

OFFICE USE ONLY	
Received By: _____	
Date Application Received: _____	Application <input type="checkbox"/> Complete <input type="checkbox"/> Not Complete/Date: _____
Date License Approved: _____	License # and Exp. Date: _____
Federal ID/National # _____	Exp. Date: _____
Amount Rec'd: _____	Method of Payment: _____
Receipt #: _____	Receipt given by: _____

**Section 1. Please print the following information:**

**Social Security Number (SSN) or Individual Tax Identification Number (ITIN):**

Last Name	First Name	Middle Name
-----------	------------	-------------

Address:

Street (No PO Box)	City	State	Zip Code	Country
--------------------	------	-------	----------	---------

Telephone number:	Email:
-------------------	--------

Male / Female  (circle one)	Date of Birth: (MM / DD / YYYY):	Height:  _____ Ft. _____ In.	Weight:  _____ pounds
-----------------------------------	-------------------------------------	------------------------------------	-----------------------------

**Please Specify the LOWEST Weight Class you INTEND to compete in- Boxing**

- Strawweight: 105 lbs. and under
- Junior Flyweight: 105.1-108 lbs.
- Flyweight: over 108.1-112 lbs.
- Super Flyweight/Junior Bantamweight: 112.1-115 lbs.
- Bantamweight: 115.1-118 lbs.
- Super Bantamweight/Junior Featherweight: 118.1-122 lbs.
- Featherweight: 122.1-126 lbs.
- Super Featherweight/Junior Lightweight: 126.1-130 lbs.

- Lightweight: 130.1-135 lbs.
- Super Lightweight/Junior Welterweight: over 135.1-140 lbs.
- Welterweight: 140.1-147 lbs.
- Super Welterweight/Junior Middleweight: 147.1-154 lbs.
- Middleweight: 154.1-160 lbs.
- Super Middleweight: 160.1-168 lbs.
- Light Heavyweight: 168.1-175 lbs.
- Cruiserweight: 175.1-195 lbs.
- Heavyweight: over 195 lbs.

**Please Specify the LOWEST Weight Class you INTEND to compete in- MMA**

- MALES**
- Flyweight: through 125 lbs.
  - Bantamweight: 125.1-135 lbs.
  - Featherweight: 135.1-145 lbs.
  - Lightweight: 145.1-155 lbs.
  - Welterweight: 155.1-170 lbs.
  - Middleweight: 170.1-185 lbs.
  - Light Heavyweight: 185.1-205 lbs.
  - Heavyweight: 205.1-265 lbs.
  - Super Heavyweight: 265.1 lbs.+

- FEMALES**
- Lightweight: through 125 lbs.
  - Middleweight: 125.1-135 lbs.
  - Light-Heavyweight: 135.1-150 lbs.
  - Heavyweight: 150.1-175 lbs.
  - Super Heavyweight: 175.1 lbs.+

*Note: The Commission permits athletes to move up in weight class at the athlete's discretion. However, an athlete may not move down in weight class without prior Commission approval.*



**APPLICATION FOR PROFESSIONAL ATHLETE**

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

**Section 2. Please answer the following questions:**

1. Have you ever used any other name(s)?  YES  NO If yes, list name(s): \_\_\_\_\_
2. Have you ever been disqualified in any competition?  YES  NO If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Has your license ever been denied, suspended or revoked in any state or country for medical reasons (OTHER THAN HIV, HBV, ORHCV)?  YES  NO If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever missed your contracted weight for a professional fight?  YES  NO If yes, when and by what amount was the weight missed by? \_\_\_\_\_
5. Have you ever been hospitalized for weight cutting or dehydrations issues?  YES  NO
6. What is the maximum amount of weight you have cut for a bout (in pounds)? \_\_\_\_\_

**Section 3. Please print the following information:**

**Professional boxing record:**

Wins: \_\_\_\_\_ Wins by KO/TKO: \_\_\_\_\_ Losses: \_\_\_\_\_

Losses by KO/TKO: \_\_\_\_\_

**Amateur boxing record:**

Wins: \_\_\_\_\_ Wins by KO/TKO: \_\_\_\_\_ Losses: \_\_\_\_\_

Losses by KO/TKO: \_\_\_\_\_

**Section 4. Please print the following information:**

**Professional martial arts record:**

Kickboxing  Mixed Martial Arts

Wins: \_\_\_\_\_ Wins by KO/TKO/Submissions: \_\_\_\_\_

Losses: \_\_\_\_\_ Losses by KO/TKO/Submissions: \_\_\_\_\_

**Amateur martial arts record:**

Kickboxing  Mixed Martial Arts

Wins: \_\_\_\_\_ Wins by KO/TKO/Submissions: \_\_\_\_\_

Losses: \_\_\_\_\_ Losses by KO/TKO/Submissions: \_\_\_\_\_

**Section 5. Please print the following information:**

If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	LICENSE YEAR	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY

Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority?  YES  NO If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE OF ACTION

Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority?  YES  NO If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENTAL AUTHORITY	HEARING DATE

APPLICATION FOR PROFESSIONAL ATHLETE

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

Have you been convicted of a crime in the past 10 years?  YES  NO If YES, provide the following information:

Table with 4 columns: OFFENSE, DATE OF CONVICTION, CITY, STATE, COUNTRY, SENTENCE. Includes three empty rows for data entry.

Are there any charges pending against you by any law enforcement agency?  YES  NO If YES, provide the following information:

Table with 4 columns: OFFENSE, DATE OF OFFENSE, CITY, STATE, COUNTRY, HEARING OR TRIAL DATE. Includes three empty rows for data entry.

\*Add additional sheets if necessary

Section 6. Please print the Following Information:

EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Address \_\_\_\_\_ Phone Number \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

ALERT-Potential License Denial or Suspension for Failure to Pay Taxes

Effective July 1, 2012, the Department of Consumer Affairs and its constituent entities are required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011)

Once it has been determined that an applicant or a licensee is on a certified list, the applicant or licensee has 90 days from the issuance of a preliminary notice of suspension to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. Any such person who fails to come into compliance will have his/her license denied or suspended until the Board, Bureau, Commission or Committee they have applied to receives a release from the FTB or BOE. The form for requesting a release will be included with the preliminary notice of suspension.

The law prohibits any of DCA's Boards, Bureaus, Commission or Committees from refunding any money paid for the issuance or renewal of a license where the license is denied or suspended as required by AB 1424.

The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

AUTHORIZATION TO RELEASE INFORMATION

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. The social security number is also used to report and credit boxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888 of the Business and Professions Code. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Information on your application and physical examination report may be released to law enforcement agencies. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

**APPLICATION FOR PROFESSIONAL ATHLETE**

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

**APPLICANT DECLARATION**

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a professional athlete's license and that all the answers given are my own. I further declare that all the answers are true AND THAT THE HIV/HBV/HCV TEST REPORT REPRESENTS MY HIV/HBV/HCV TEST RESULTS. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization to Use and Disclose Protected Health Information**

The California State Athletic Commission is a public health authority, as defined in 45 CFR 164.501, exempt from HIPAA, and is authorized by California Business and Professions Code Sections 18600 et seq. to collection information about the applicant's mental and physical health.

I hereby authorize my personal physicians and other healthcare providers and all hospitals or similar institutions or organizations to furnish to the California State Athletic Commission or its successors copies of all my medical records, hospital records, records of treatment for drug and/or alcohol abuse or dependency, or other information requested by that Commission in connection with this application or any further or future investigation by that Commission necessary to determine my fitness for licensure.

I further authorize the Commission or its successors to release any medical or other personal information with respect to my application or licensure to the organizations, individuals or groups listed above as well as additional parties with a vested interest in my current license status with the Commission, including but not limited to my current Manager, a Commission licensed Promoter of an event that I am participating in and to other regulatory bodies. The Commission will release this information only to those individuals, athletic commissions, or similar regulatory bodies that have a need to know, as determined by the Commission. This disclosure of records is required for official use, including investigation of my fitness for licensure by the Commission. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

I understand that I have a right to receive a copy of this authorization if I request it. I may inspect or obtain a copy of the protected health information that I am being asked to disclose.

I understand that I have a right to revoke this authorization by sending written notification to the California State Athletic Commission, 2005 Evergreen Street, Suite 2010, Sacramento, California 95815. I understand that if I revoke this authorization, I may not be allowed to continue in the licensure process, or, if I am licensed, my license may be adversely affected.

This authorization shall remain valid for one year from the date a license is issued to me. A copy of this authorization shall be as valid as the original.

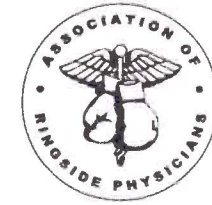
\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



## THE DANGERS OF CUTTING WEIGHT AND DEHYDRATING



Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. One recent study found that 39% of MMA fighters were entering competition in a dehydrated state. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

- **Decreased Muscle Strength and Endurance:** Decreased blood flow to muscles makes them work less well.
- **Decreased Heart and Cardiovascular Function:** The heart works harder *and* less efficiently.
- **Reduced Energy Utilization, Nutrient Exchange and Acidosis:** With decreased blood flow to tissues, nutrients don't get delivered, and the body's waste products do not get removed as well. A buildup of acid occurs which changes cells' functions in the body.
- **Heat Illness:** This takes on four forms: heat cramps, heat syncope (loss of consciousness), heat exhaustion, and heat stroke (which may be fatal). Dehydration results in decreased blood flow to skin and muscles. This is followed by decreased ability to regulate body temperature. The ability to sweat becomes impaired and core body temperature can rise. This increases the threat of all of these to poorly hydrated athletes doing strenuous workouts.
- **Decreased Kidney Function:** Dehydration leads to decreased kidney blood flow and decreased kidney function. This contributes to the problems listed in the points here, in addition to decreased urine output, concentrated urine, and leakage of protein into the urine. (It is not known if these changes can result in permanent kidney damage.)
- **Electrolyte Problems:** Decreased kidney function results in imbalances of electrolytes such as unhealthy increases in potassium and sodium.
- **Mood Swings and Mental Changes:** All of the above contribute to increased mood swings, poor concentration and focus, disorientation and other mental changes.
- **Eye Trouble:** Dehydration can cause blurred vision and dry eyes.
- **Increased Risk of Brain Injury:** There are likely increased risks of brain bleeding and concussion.

### ***DON'T:***

- Don't use extreme methods for making weight such as excessive heat methods (rubberized suits, steam rooms, saunas), excessive intense bouts of exercise, vomiting, laxatives and diuretics.
- Don't use dehydration as a mainstay of making weight. In addition to the above, it puts you at risk of improper rehydration techniques — when, in reality, proper re-hydration takes several hours to days. (Many cases of intravenous fluids being used for rehydration after weigh-ins have been reported – this is a doping violation with several organizations.)

### ***DO:***

- Commit to year-round proper diet and training for proper weight control and body composition.
- By maintaining your weight year round near an appropriate competition weight and not competing in a weight class outside your appropriate weight class you will help avoid large swings in weight.
- Maintain a good state of hydration by drinking fluid throughout the day and staying hydrated during workouts.
- Follow nutritional programs that meet your needs for adequate amounts of calories from a balanced diet high in healthy carbohydrates, the minimum requirement of fat, and appropriate amounts of protein.
- Be wary of nutritional supplements as they are not regulated by the FDA and some have been shown to be harmful.

For more information visit: [www.associationofringsidephysicians.org](http://www.associationofringsidephysicians.org)



## PROFESSIONAL ATHLETE PHYSICAL EXAMINATION

*Only a licensed physician may conduct this examination and complete this form.  
 Please complete this form in its entirety.*

**BOXING**                     
  **MIXED MARTIAL ARTS**                     
  **KICKBOXING**

<b>Last Name</b>			<b>First Name</b>			<b>Middle Name</b>			
<b>Address:</b>									
<b>Street (No PO BOX)</b>			<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Country</b>
<b>Telephone number:</b>				<b>Email:</b>					
<b>Male / Female</b> (circle one)			<b>Age:</b>			<b>Date of Birth:</b> (MM / DD / YYYY):			
<b>Please Specify the LOWEST Weight Class you INTEND to compete in- Boxing</b> <input type="checkbox"/> Strawweight: 105 lbs. and under <input type="checkbox"/> Lightweight: 130.1-135 lbs. <input type="checkbox"/> Junior Flyweight: 105.1-108 lbs. <input type="checkbox"/> Super Lightweight/Junior Welterweight: over 135.1-140 lbs. <input type="checkbox"/> Flyweight: over 108.1-112 lbs. <input type="checkbox"/> Welterweight: 140.1-147 lbs. <input type="checkbox"/> Super Flyweight/Junior Bantamweight: 112.1-115 lbs. <input type="checkbox"/> Super Welterweight/Junior Middleweight: 147.1-154 lbs. <input type="checkbox"/> Bantamweight: 115.1-118 lbs. <input type="checkbox"/> Middleweight: 154.1-160 lbs. <input type="checkbox"/> Super Bantamweight/Junior Featherweight: 118.1-122 lbs. <input type="checkbox"/> Super Middleweight: 160.1-168 lbs. <input type="checkbox"/> Featherweight: 122.1-126 lbs. <input type="checkbox"/> Light Heavyweight: 168.1-175 lbs. <input type="checkbox"/> Super Featherweight/Junior Lightweight: 126.1-130 lbs. <input type="checkbox"/> Cruiserweight: 175.1-195 lbs. <input type="checkbox"/> Heavyweight: over 195 lbs.					<b>Please Specify the LOWEST Weight Class you INTEND to compete in- MMA</b> <b>MALES</b> <input type="checkbox"/> Flyweight: through 125 lbs. <input type="checkbox"/> Bantamweight: 125.1-135 lbs. <input type="checkbox"/> Featherweight: 135.1-145 lbs. <input type="checkbox"/> Lightweight: 145.1-155 lbs. <input type="checkbox"/> Welterweight: 155.1-170 lbs. <input type="checkbox"/> Middleweight: 170.1-185 lbs. <input type="checkbox"/> Light Heavyweight: 185.1-205 lbs. <input type="checkbox"/> Heavyweight: 205.1-265 lbs. <input type="checkbox"/> Super Heavyweight: 265.1 lbs.+ <b>FEMALES</b> <input type="checkbox"/> Lightweight: through 125 lbs. <input type="checkbox"/> Middleweight: 125.1-135 lbs. <input type="checkbox"/> Light-Heavyweight: 135.1-150 lbs. <input type="checkbox"/> Heavyweight: 150.1-175 lbs. <input type="checkbox"/> Super Heavyweight: 175.1 lbs.+				
<b>PHYSICAL HISTORY: Please check all that applies below:</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Blood in urine <input type="checkbox"/> Allergies <input type="checkbox"/> Fainting spells <input type="checkbox"/> Rupture (hernia) <input type="checkbox"/> Chest pains <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 headaches <input type="checkbox"/> Convulsions (fits) <input type="checkbox"/> Chronic cough <input type="checkbox"/> Spitting of blood <input type="checkbox"/> Cerebral hemorrhage or serious head injury <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain: _____									
<b>1. When was the last time you took any type of medication or drug? (State what type and when and be specific):</b> _____									
<b>2. Have you ever undergone any type of surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state what type and when and be specific):</b> _____									
<b>3. When was the last time you took any type of vitamin supplement? (State what type and when and be specific):</b> _____									
<b>4. Have you ever missed your contracted weight for a professional fight? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and by what amount was the weight missed by (in pounds)?</b> _____									
<b>5. Have you ever been hospitalized for weight cutting or dehydrations issues? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>									
<b>6. What is the maximum amount of weight you have cut for a bout (in pounds)?</b> _____									

# PROFESSIONAL ATHLETE PHYSICAL EXAMINATION

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

<p><b>Professional Boxing Record:</b></p> <p>Wins: _____ Wins by KO/TKO: _____ Losses: _____</p> <p>Losses by KO/TKO: _____</p> <p><b>Amateur Boxing Record:</b></p> <p>Wins: _____ Wins by KO/TKO: _____ Losses: _____</p> <p>Losses by KO/TKO: _____</p>	<p><b>Professional Mixed Martial Arts Record:</b></p> <p>Wins: _____ Wins by KO/TKO/Submissions: _____</p> <p>Losses: _____ Losses by KO/TKO/Submissions: _____</p> <p><b>Amateur Mixed Martial Arts Record:</b></p> <p>Wins: _____ Wins by KO/TKO/Submissions: _____</p> <p>Losses: _____ Losses by KO/TKO/Submissions: _____</p>
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**PHYSICAL EXAMINATION:**

General appearance: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Temperature: \_\_\_\_\_ Disabling scars: \_\_\_\_\_ Mouth: \_\_\_\_\_ Teeth: \_\_\_\_\_ Tonsils: \_\_\_\_\_

Neck: \_\_\_\_\_ Pulse at rest: \_\_\_\_\_ Pulse after 100 hops: \_\_\_\_\_

Blood pressure at rest: \_\_\_\_\_ After 100 hops: \_\_\_\_\_ 2 minutes later: \_\_\_\_\_

Enlarged glands:  Yes  No      Goiter:  Yes  No      Heart: Pulse rhythm (circle one) **Regular**  
**Irregular**

Murmurs:  Yes  No      Musculoskeletal system: \_\_\_\_\_

Apical impulse (circle one): **Heavy Normal**      Enlargement:  Yes  No      Lungs: Rales  Yes  No

Abdomen: Enlargement of liver  Yes  No      Breasts: Mass  Yes  No      Tenderness  Yes  No

Discharge  Yes  No      Enlargement of Spleen:  Yes  No      Hernia:  Yes  No

Testicles: Normal  Yes  No

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

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

Skin: Tone \_\_\_\_\_ Rash \_\_\_\_\_ Boils \_\_\_\_\_ Other: \_\_\_\_\_

Unhealed wounds: \_\_\_\_\_

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

**EXAMINING PHYSICIAN:**

Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. One recent study found that 39% of MMA fighters were entering competition in a dehydrated state. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

<ul style="list-style-type: none"> <li>• Decreased Muscle Strength and Endurance</li> <li>• Decreased Heart and Cardiovascular Function</li> <li>• Reduced Energy Utilization, Nutrient Exchange and Acidosis</li> <li>• Heat Illness</li> <li>• Decreased Kidney Function</li> </ul>	<ul style="list-style-type: none"> <li>• Electrolyte Problems</li> <li>• Mood Swings and Mental Changes</li> <li>• Blurred Vision and Dry Eyes</li> <li>• Increased Risk of Brain Injury</li> </ul>
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***\*It is the recommendation of the Advisory Committee for Medical and Safety Standards that an athlete not attempt to lose more than 10% of their normal or "walking" weight in order to compete.***

Physician Note: The below chart is for informational purposes only and specifically depicts Mixed Martial Arts weight classes.

10% Weight Loss Chart- MMA MALE	10% Weight Loss Chart- MMA FEMALE								
<table style="width: 100%;"> <tr> <th style="width: 50%;">10% of Normal Weight- Recommended Weight Class</th> <th style="width: 50%;">MAXIMUM Recommended Normal "Walking" Weight</th> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• 125 lbs.- Flyweight</li> <li>• 135 lbs. Bantamweight</li> <li>• 145 lbs. Featherweight</li> <li>• 155 lbs. Lightweight</li> <li>• 170 lbs. Welterweight</li> <li>• 185 lbs. Middleweight</li> <li>• 205 lbs. Light Heavyweight</li> <li>• 265 lbs. Heavyweight</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• 137.5 lbs.</li> <li>• 148.5 lbs.</li> <li>• 159.5 lbs.</li> <li>• 170.5 lbs.</li> <li>• 187 lbs.</li> <li>• 203.5 lbs.</li> <li>• 225.5 lbs.</li> <li>• 291.5 lbs.</li> </ul> </td> </tr> </table>	10% of Normal Weight- Recommended Weight Class	MAXIMUM Recommended Normal "Walking" Weight	<ul style="list-style-type: none"> <li>• 125 lbs.- Flyweight</li> <li>• 135 lbs. Bantamweight</li> <li>• 145 lbs. Featherweight</li> <li>• 155 lbs. Lightweight</li> <li>• 170 lbs. Welterweight</li> <li>• 185 lbs. Middleweight</li> <li>• 205 lbs. Light Heavyweight</li> <li>• 265 lbs. Heavyweight</li> </ul>	<ul style="list-style-type: none"> <li>• 137.5 lbs.</li> <li>• 148.5 lbs.</li> <li>• 159.5 lbs.</li> <li>• 170.5 lbs.</li> <li>• 187 lbs.</li> <li>• 203.5 lbs.</li> <li>• 225.5 lbs.</li> <li>• 291.5 lbs.</li> </ul>	<table style="width: 100%;"> <tr> <th style="width: 50%;">10% of Normal Weight- Recommended Weight Class</th> <th style="width: 50%;">MAXIMUM Recommended Normal "Walking" Weight</th> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• 115lbs.- Strawweight</li> <li>• 125 lbs.- Lightweight</li> <li>• 135 lbs.- Middleweight</li> <li>• 150 lbs.- Light-Heavyweight</li> <li>• 175 lbs.- Heavyweight</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• 126.5 lbs.</li> <li>• 137.5 lbs.</li> <li>• 148.5 lbs.</li> <li>• 165 lbs.</li> <li>• 192.5 lbs.</li> </ul> </td> </tr> </table>	10% of Normal Weight- Recommended Weight Class	MAXIMUM Recommended Normal "Walking" Weight	<ul style="list-style-type: none"> <li>• 115lbs.- Strawweight</li> <li>• 125 lbs.- Lightweight</li> <li>• 135 lbs.- Middleweight</li> <li>• 150 lbs.- Light-Heavyweight</li> <li>• 175 lbs.- Heavyweight</li> </ul>	<ul style="list-style-type: none"> <li>• 126.5 lbs.</li> <li>• 137.5 lbs.</li> <li>• 148.5 lbs.</li> <li>• 165 lbs.</li> <li>• 192.5 lbs.</li> </ul>
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# PROFESSIONAL ATHLETE PHYSICAL EXAMINATION

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

Based on your medical opinion is this athlete currently in a dehydrated state?  Yes  No

Based on your personal observation and review of the above stated Commission recommendation, is it your medical opinion that this applicant *is physically fit to compete in the disclosed, intended weight class*?  Yes  No

Based on your personal observation and review of the test results and considering Commission rules, is it your medical opinion that this applicant *is physically fit to be licensed and compete in combative sports*?  Yes  No

If no, please explain: \_\_\_\_\_

The information contained on this form is maintained by the Executive Officer of the California State Athletic Commission, 2005 Evergreen St, Ste #2010, Sacramento, CA 95815, (916) 263-2195. All items of information are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application or result in your application being rejected as incomplete. The information provided will be used to determine your qualifications for licensure pursuant to Business and Professions Code Section 18640. The information on your application may be transferred to other governmental or law enforcement agencies. You have the right to review records maintained on you by the Athletic Commission unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Athletic Commission at the address above.

\_\_\_\_\_  
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

**Office Use**  
Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_







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



ACTUAL WEIGHT

BOUT CONTRACT
READ ENTIRE CONTRACT BEFORE SIGNING

DATE: VENUE:

CONTESTANT: CONTRACT WEIGHT:

OPPONENT: CONTRACT WEIGHT:

PROMOTER: MANAGER:

This bout will be televised. Yes No This bout will be taped for later resale or viewing: Yes No

This contract is made this day of between:

Promoter and Contestant and Manager

The above parties agree with each other and the California State Athletic Commission, hereinafter referred to as the commission, to induce its acceptance of this bout contract, as follows:

BOUT AND WEIGHT 1. Contestant shall appear and enter into a boxing / martial arts bout (circle one) at the stated venue for the promoter at the proposed weight on the day of, in the year, or on a date to be agreed upon not later than weeks from the date set forth above, for rounds to a decision. Contestant weights shall be in compliance with Rule 298 (Boxing) or 510 (Martial Arts). Contract Weight means the weight that the bout is proposed for. Record only the exact Contract Weight. If a Contestant fails to make the Contract Weight the commission determines the course of action in accordance to regulations and or policies.

All Contestants shall be weighed in the presence of a commission representative, on scales approved by the commission and at a time and place to be set by the commission. The "ACTUAL WEIGHT" on the bout contract is the official weight. The "PROPOSED WEIGHT" on the bout contract is the weight initially agreed upon by all parties subject to commission approval. Weight loss as determined by the commission to be detrimental to the health and safety of a contestant shall not be allowed. Contestant shall report at the required time and place to be weighed and undergo a medical examination in accordance with the laws and regulations of the commission. Contestant shall also report to the promoter or designated commission representative at the time instructed by the commission. Failure to comply with these provisions shall be deemed to be a breach of this contract.

If the contestant fails to make the contract weight, 20% of his or her entire compensation shall be forfeited and will then be divided equally between opponent and commission. In addition, 20% of the contestant's bonuses (including win bonuses) will be forfeited to the opponent. The manager shall also forfeit a sum of money to the opponent equal to that which was forfeited by the contestant.

COMPENSATION 2. Promoter will pay contestant the sum of Dollars (\$ ) or percent ( % ) of the gross receipts of the promoter whichever is greater. This payment is due the night of the bout and represents full payment for the contestant's performance of this contract. The percentage shall be determined after deducting from the gross receipts any payments for taxes and any deductions agreed upon by the contestant and the promoter and approved by the commission prior to the bout that are itemized in accordance with Paragraph 3 of this contract.

**DEDUCTIONS 3.** Deductions shall either itemized in an addendum approved and filed with the commission or be clearly detailed in the "ADDITIONAL TERMS" section of this contract. Deductions that are not itemized either in an approved addendum or in the "ADDITIONAL TERMS" section of this contract shall not be deducted from the contestant's full payment under this bout contract. A deduction for licensed seconds shall be included either in the 'ADDITIONAL TERMS' of this contract or in an approved addendum, and the promoter shall deduct that sum from the contestant's purse and pay it directly to the named licensed second(s).

**GROUNDS TO DENY COMPENSATION TO CONTESTANT 4.** Unless ordered by the commission, contestant shall not be entitled to the compensation described in Paragraph 2 or any part thereof if the referee or the commission decides that the contestant and or manager:

- a. did not enter into the contract in good faith; or
- b. had any collusive understanding or agreement regarding the termination of the bout; or
- c. contestant did not compete in earnest; or
- d. contestant and/or manager have violated any of the laws, rules or regulations administered by the commission and or the State of California.

Promoter shall pay to the commission any compensation forfeited under the terms of this paragraph. The commission shall dispose of said compensation in accordance with Business and Professions Code Sections 18860 and 18861, including but not limited to forfeiture to the commission or payment of all or a portion thereof to contestant. All parties agree to accept and to be bound by the decision of the commission, which shall be final.

**CONFLICTING BOUT AGREEMENTS 5.** The promoter, manager, and contestant agree that they have not and will not enter into any other bout contract, written or oral, or contest that may conflict with this contract or any other bout contract filed with this commission or any other commission.

**CONSEQUENCES IF BOUT FAILS TO OCCUR 6.** If the promoter fails to perform as required by the terms of the contract or any statute, rule or policy enforced by the commission, the promoter shall pay the contestant reasonable compensation as determined by the commission. Nothing in this contract precludes the commission from taking immediate disciplinary action against any party to this contract for a violation of a statute, rule or policy enforced by the commission.

The promoter shall not be deemed to have failed to perform if either contestant does not appear for the bout or carry out their respective contract. If the contestant fails to perform as required by the terms of this contract, the contestant shall not compete in any subsequent bout until the contestant has competed for the promoter in a subsequent equivalent bout. The contestant will then be placed on administrative suspension until he or she fulfills their obligation to the promoter, or until the promoter releases the contestant from the obligation.

**ADDITIONAL TERMS:**

All bout contracts must be submitted to and approved by the commission prior to the bout. Disputes regarding the validity and enforceability of this bout contract shall be resolved by the commission only if all bout contracts pertaining to the bout have been submitted to and approved by the commission.

This contract is only valid if all parties are licensed at the time of signing.

**IMPORTANT DISCLOSURE INFORMATION**

I declare under penalty of perjury under the laws of the State of California, that the foregoing information is a complete, true and correct disclosure of all contracts, including financial payments to me; further I realize that any misrepresentation may result in disciplinary action against my license.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contestant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Co-manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Promoter

\_\_\_\_\_  
Date

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

WHITE-Commission

BLUE-Contestant

YELLOW-Promoter

PINK-Manager

**Attachment #3** – Letters from  
the ABC Rules Committee and  
the ABC Medical Committee



**ASSOCIATION OF BOXING COMMISSIONS  
MMA RULES AND REGULATIONS COMMITTEE**

1000 SW Jackson Street, Suite 1000  
Topeka, KS 66612-1354

**MEMBERS OF THE COMMITTEE**

Sean D Wheelock, Chairman--Kansas  
Matt Woodruff, Secretary--Georgia  
Jeremy Arneson--Wyoming  
Randy Couture--Nevada  
Brian Dunn--Nebraska  
Rob Hinds--Illinois  
Jeremy Horn--Utah  
Matt Hughes--Illinois  
Kevin MacDonald--Massachusetts  
John McCarthy--California  
Dr. David Watson--Nevada

March 16, 2017

Andy Foster, Executive Officer  
California State Athletic Commission  
Chairman, ABC's Medical Committee  
2005 Evergreen Street, Suite 2010  
Sacramento, CA 95815

Dear Mr. Foster.

The Association of Boxing Commission's (ABC) MMA Rules and Regulations Committee, for which I serve as Chairman, has voted unanimously to make the following recommendations to the ABC's Medical Committee:

The current Welterweight limit of 170lbs shall be reclassified to 175lbs, and the following three new weight classes shall be added: 165lbs, 195lbs, 225lbs. All other established and recognized weight classes under the ABC's Unified Rules of MMA will not change.

For reference, per our recommendations, these would be the recognized weight classes under the ABC's Unified Rules of MMA, with changes/additions in **BOLD**:

--105lbs	-- <b>175lbs</b>
--115lbs	--185lbs
--125lbs	-- <b>195lbs</b>
--135lbs	--205lbs
--145lbs	-- <b>225lbs</b>
--155lbs	--265lbs
-- <b>165lbs</b>	--266+lbs

Please contact me at 913-709-0938 if you have any questions or comments regarding this matter.

Sincerely,

**Sean D Wheelock**

Sean D Wheelock, Chairman  
ABC's MMA Rules and Regulations Committee



ASSOCIATION OF BOXING COMMISSIONS  
MEDICAL COMMITTEE  
2005 Evergreen Street, Suite 2010  
Sacramento, CA 95815

**MEMBERS OF THE COMMITTEE**

Andy Foster, Chair (CA)	Dr. Scott Morioka (HI)
Dr. Larry Lovelace, Vice Chair (OK)	Dr. Ton Depuydt (WA)
Dr. Tad Seifert (KY)	Dr. Mike Cantrell (AL)
Dr. Andy Gilliland (WV)	Dr. Nicholas Rizzo (IL)
Dr. Michael Schartz (CT)	Noelle Perez (OH)
Dr. Don Muzzi (MN)	Dr. Angela Galiardi (NY)
Dr. Joe Estwanik (NC)	Jody McCormick (AL)
Dr. Margaret Goodman (NV)	Pat Reid (Canada)
Dr. Greg McKinney (AR)	Nancy Illg(IL)
Dr. James Robinson (AL)	

March 16, 2017

Dear Medical Committee Members,

The Association of Boxing Commission's (ABC) Rules and Regulations Committee has recommended adopting 4 new weight classes and eliminating 1 weight class in the Unified Rules of MMA. This recommendation will be a main item of discussion at our upcoming meeting on March 29, 2017. I will also be discussing this at the California State Athletic Commission's Advisory Committee on Medical and Safety Standards Meeting on March 25, 2017.

For reference, these would be the recognized weight classes under the ABC's Unified Rules of MMA, with recommended changes in **BOLD**:

--105 lbs.	<b>--175 lbs.</b>
--115 lbs.	--185 lbs.
--125 lbs.	<b>--195 lbs.</b>
--135 lbs.	--205 lbs.
--145 lbs.	<b>--225 lbs.</b>
--155 lbs.	--265 lbs.
<b>--165 lbs.</b>	--266+ lbs.
<b>--170 lbs.</b>	

I look forward to our discussion on March 29, 2017.

Respectfully,

Andy Foster  
Executive Officer, CSAC  
Chair, ABC Medical Committee

**Attachment #4** – Letter to the  
Official MMA Database  
Record Keeper of the ABC



DEPARTMENT OF CONSUMER AFFAIRS  
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.  
**CALIFORNIA STATE ATHLETIC COMMISSION**  
2005 Evergreen Street, Suite 2010 | Sacramento, CA 95815  
Phone:(916) 263-2195 | Fax:(916) 263-2197  
Website: [www.dca.ca.gov/csac](http://www.dca.ca.gov/csac) | Email:[csac@dca.ca.gov](mailto:csac@dca.ca.gov)



March 15, 2017

Kirik Jenness  
Chris Palmquist  
1240 South East Street  
Amherst, MA 01000

Dear Mr. Jenness and Mr. Palmquist:

Thank you for your dedication and service as the Official Record Keeper of Mixed Martial Arts (MMA). As you know, weight cutting and dehydration issues continue to plague the MMA world. With that in mind, I am formally requesting an update to the MMA Database to include the proposed weight class (or weight) that the promoter/matchmaker is requesting for approval in the official database. Additionally, I would like to request a field for the promoter/matchmaker to fill in that specifies the weight of the fighter when the contract was offered. This is commonly called the “walk around” weight. This information will assist me in determining whether a fight will be approved at the weight requested.

I appreciate your responsiveness to this matter.

Respectfully,

Andy Foster

cc: Chairman John Carvelli and Members of the California State Athletic Commission

Gary Duke, Legal Counsel for the CSAC

Mike Mazzulli, President, Association of Boxing Commissions