



**CALIFORNIA STATE ATHLETIC COMMISSION**

2005 Evergreen Street, Suite 2010 | Sacramento, California 95815

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**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 TO [csac@dca.ca.gov](mailto: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:

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: \_\_\_\_\_

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: \_\_\_\_\_

## CARDIOVASCULAR HISTORY

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

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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