



Arkansas State Athletic Commission

Compliance Division/COMBATIVE SPORTS

9710 Interstate 30, Little Rock, AR 72209

(501)687-1038 FAX (501)255-0394

Email Address: ASAC@Arkansas.gov

Internet Address: www.ASAC.Arkansas.gov

Combative Sports Medical Report (POST-BOUT)

BOUT # _____

Immediately after the Bout, I certify that I have performed at least the following physical and/or mental observations of the above named Contestant and have reached the following conclusion(s) based on my professional medical opinion:

BLUE CORNER

1. CONTESTANT'S NAME: _____
2. Remarkable Unremarkable – Visual observation of Head, Eyes, Ears & Nose with focus on proper dilation, movement, and concussive symptoms
3. Remarkable Unremarkable – Physical examination of orthopedic emphasizing joints
4. Remarkable Unremarkable – Cursory Neurological observation including Mental Status; Cranial Nerves; Motor Skills; Coordination & Gait; Reflexes; Sensory; and any special tests deemed prudent
5. Remarkable Unremarkable – Visual observation of cuts, breaks or any physical injuries
6. COMMENTS/NOTES: If any above observation is Remarkable or abnormal, please provide explanation, details and recommendation: _____

BASED ON MY FOREGOING OBSERVATIONS & OBSERVATION OF THE BOUT, IN MY PROFESSIONAL MEDICAL OPINION: (Check All That Apply)

ADDITIONAL RECOMMENDATIONS & INSTRUCTIONS

- TRANSPORT – Contestant Should Be Immediately Transported to nearest ER via On-site Ambulance – Instructions Given to On-site EMT or Paramedics
- SEEK FURTHER (NO TRANSPORT) – Contestant Should Seek Medical Care at an ER or other Emergent Care Center for _____ Minutes
- SEEK FURTHER (ON-SITE FOLLOW-UP) – Contestant Should Report Back to Ringside Physician for Follow-Up in _____ Minutes
 - Contestant Reported Back As Instructed
 - Contestant Failed to Report Back as Instructed

RECOMMENDED REST & SUSPENSION

- No Rest Period Is Medically Necessary for Contestant
- 30 Days Rest & Suspension – Recommend Contestant Rest & Refrain from Engaging in Combative Sports Contact (Training or Otherwise) for Stated Time
- 60 Days Rest & Suspension – Recommend Contestant Rest & Refrain from Engaging in Combative Sports Contact (Training or Otherwise) for Stated Time
- 90 Days Rest & Suspension – Recommend Contestant Rest & Refrain from Engaging in Combative Sports Contact (Training or Otherwise) for Stated Time
- Indefinite – Recommend Contestant Refrain from Engaging in Combative Sports Contact (Training or Otherwise) Until Cleared by Physician for the Following Condition or Injury: _____

Signature of Ringside Physician: _____

Arkansas Medical License # _____

RED CORNER

1. CONTESTANT'S NAME: _____
2. Remarkable Unremarkable – Visual observation of Head, Eyes, Ears & Nose with focus on proper dilation, movement, and concussive symptoms
3. Remarkable Unremarkable – Physical examination of orthopedic emphasizing joints
4. Remarkable Unremarkable – Cursory Neurological observation including Mental Status; Cranial Nerves; Motor Skills; Coordination & Gait; Reflexes; Sensory; and any special tests deemed prudent
5. Remarkable Unremarkable – Visual observation of cuts, breaks or any physical injuries
6. COMMENTS/NOTES: If any above observation is Remarkable or abnormal, please provide explanation, details and recommendation: _____

BASED ON MY FOREGOING OBSERVATIONS & OBSERVATION OF THE BOUT, IN MY PROFESSIONAL MEDICAL OPINION: (Check All That Apply)

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Signature of Ringside Physician: _____

Arkansas Medical License # _____