State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Division of Gaming and Athletics Licensing

PRE-FIGHT ELECTROCARDIOGRAM (EKG) INTERPRETATION FORM FOR BOXING AND MIXED MARTIAL ARTS FIGHTERS SIGNED BY A UNITED STATES LICENSED PHYSICAN OR CARDIOLOGIST

NAME: _____ DATE: _____
(First) (MI) (Last)
ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

PHONE #:_____ DOB: _____

EKG INTERPRETATION – **PLEASE PROVIDE COPY OF ACTUAL TEST**

_____**OK WITHIN NORMAL LIMITS** (Please Check)
IF NOT WITHIN NORMAL LIMITS, PLEASE REPORT ABNORMALITIES BELOW:
(CHECK ALL THAT APPLY)

- O NSR
- O Sinus Brady
- O Sinus Tachycardia
- O Sinus Arrest
- O Sinus Arrhythmia
- O S-A Block
- O SVT
- O PAC's
- O A-Fib
- O A-Flutter
- O Junctional Rhythm
- O PVC's
- O V-Tach
- O V-Fib
- O V-Arrhythmia
- O 1-degree A-V Block
- O Mobitz Type I
- O Mobitz Type II
- O Complete Block
- O QRS>.10
- O LAD
- O LBBB
- O Incomplete; RBBB
- O RBBB
- O LVH
- O LVH with Strain
- O RVH
- O RVH with Strain
- O Cor Palmonalc
- O Acute Infarct
- O Infarct – Recent
- O Infarct – Old
- O Ischeraie T-wave Abn
- O Non-Specific T-wave Abn
- O Non-Specific S-T Segment Abn
- O Q-T> .44
- O Abnormal P-Wave
- O Electrolyte Effect
- O Technically Limited Study
- O Un-interpretable

BASED ON THIS EKG, THE FIGHTER: (PLEASE CHECK)

IS_____ **IS NOT**_____ MEDICALLY CLEARED TO COMPETE

PHYSICIAN'S NAME: _____ SIGNATURE: _____
(PRINT)
ADDRESS: _____CITY:_____STATE:_____ ZIP: _____

PHONE #:_____ FAX #:_____