



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

**Division of Gaming and
Athletics Licensing**

OPHTHALMOLOGIC EYE EXAM – PROFESSIONAL ATHLETE

Only a Licensed United States Physician who specializes in Ophthalmology or a licensed Optometrist may conduct this examination and complete this form in its entirety

TO BE COMPLETED BY FIGHTER/ATHLETE

PLEASE						
CIRCLE ONE: BOXING MIXED MARTIAL ARTS KICKBOXING						
Name: _____			DOB: _____			
(FIRST)		(MI)	(LAST)			
Address: _____				City/Town: _____		
State: _____		Zip Code: _____		Telephone #: _____		
HISTORY:						
Please provide the following information. Has applicant ever had any of the following conditions:					YES	NO
1. Blurred Vision?						
2. Surgical procedures done to eyes or tissues around the eye other than simple sutures to the skin?						
3. Have you had or been informed by a physician that you had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, dislocated lens or cataract?						
4. Eye Disease? If yes, list nature: _____						
5. Eye Injury? If yes, list injury: _____						
6. Retinal re-attachment?						
7. Do you have any visual condition that would prevent you from safely engaging in Unarmed Combat sports? If yes, please explain:						
TO BE COMPLETED BY OPHTHALMOLOGIST OR OPTOMETRIST						
Vision Examination: Glasses		With	Without	Refraction: If either eye is 20/60 or worse		
RIGHT EYE				Right ____ Sph ____ Cylx ____ Acuity _____		
LEFT EYE				Left ____ Sph ____ Cylx ____ Acuity _____		
Remarks:				Intraocular Right: _____ mmHg		
				Tension Left _____ mmHg		
				Motility Normal _____ Abnormal _____		
				Binocular Vision Normal ____ Abnormal ____		
SLIT LAMP EXAM		NORMAL		ABNORMAL		SPECIFY ABNORMALITIES
Conjunctiva	Right	Left	Right	Left		
Cornea						
Iris/Pupil						
Lens						
Eyelids						

OPHTHALMOLOGIC EYE EXAM – PROFESSIONAL ATHLETE
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INDIRECT OPHTHALMOSCOPY WITH SCLERAL DEPRESSION (Dilated Pupil)					
	NORMAL		ABNORMAL		SPECIFY ABNORMALITIES
	Right	Left	Right	Left	
Disc					
Macula					
Lens					
Peripheral Retina					

If this applicant has any of the following medical or visual conditions please check the box.

Check	
	Uncorrected visual acuity of less than 20/200 in either eye or 20/60 with both eyes
	Corrected visual acuity of less than 20/60 in either eye, regardless of its cause
	A visual field of 60 degrees or less extending over one or more quadrants of the visual field
	Presence or history of retinal detachment or retinal tear unless treated by an ophthalmologist and then approved by an ophthalmologist specified by the commission who then assesses that the fighter is at no significant risk of further injury to the retina if fighting is resumed. Such assessment shall occur both within five days before and five days after the contest
	Presence of primary or secondary glaucoma, whether or not such condition has been treated
	Presence of aphakia, pseudophakia, or any other visual condition which would prevent this fighter from safely engaging in unarmed combat sports

Examining Physician: Any of the above conditions **MUST** be reported to the Department of Business Regulation, Division of Gaming and Athletics Licensing. Please immediately forward a copy of any report to the DBR, for any applicant/fighter who has a condition that may preclude him/her from safely engaging in combative sports.

After completing the above Eye exam and test results: (Circle One)

THE FIGHTER IS _____ IS NOT _____ MEDICALLY CLEARED & “FIT TO FIGHT”

Physicians Name Printed: _____ **DATE:** _____

Physicians Signature: _____

Address: _____ **City/Town:** _____

State: _____ **Country:** _____ **Zip Code:** _____

Telephone #: _____ **Fax #:** _____

(Created by Dr. Michael Schwartz)

Please FAX this form completed in full to the Department of Business Regulation, Division of Gaming and Athletics (401) 462-9645, upon completion by the physician. Thank you!