



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

Division of Gaming and
Athletic Licensing

PRE-FIGHT MEDICAL REQUIREMENTS

1. A comprehensive **Physical Exam** conducted by a **Licensed Physician within the United States**. This examination must be performed within **one (1) year** of the contest. The competitor must be medically cleared to fight and must have indicated on Physician's Letterhead or Division provided form "**Fighter is cleared to participate**" or "**Fit to Compete**". This form must have the Physician printed Name, Address and Telephone number with his/her authorized signature! A Nurse Practitioner's signature is **not acceptable**.
2. An **Ophthalmologic Eye Examination** including a **dilated retinal exam within one (1) year of the contest**. The Competitor must have indicated on Physician's Letterhead or Division provided Eye Exam Form "**Fighter is cleared to participate**" or "**Fit to Compete**". This form must be signed by a **Licensed Ophthalmologist or Optometrist**, with their Name, Address & Telephone number. A Nurse Practitioner's signature is **not acceptable**.
3. **EKG within one (1) year of the event** and interpreted and signed by a **Cardiologist** with his printed Name, Address and Telephone number indicating "**Fighter is cleared to participate**" or "**Fit to Compete**" (There is a Division provided form for the Cardiologist to complete, if desired). A Nurse Practitioner's signature is **not acceptable**. **Any Fighter 35 years and older may be required to submit a Street Test with a Cardiologist clearance letter within one (1) year of the event. This requirement will be up to the discretion of the Division depending on each individual fighter.**
4. **MRI or CTScan within three (3) years of the event**. If the MRI or CTScan is over one (1) year old than the Fighter must submit along with the MRI or CTScan a **complete Neurological Examination** performed by a **licensed Neurologist** indicating on his/her letterhead, with the Neurologist's printed Name, Address and Telephone number, with signature stating the "**Fighter is cleared to participate**" or "**Fit to Compete**". **Also, each exam must include "The Neurological Exam was performed in person in the physician's office"**.

NO ONLINE EXAMS OF ANY TYPE WILL BE ACCEPTED

5. **Negative "HIV" Serology (AIDS Blood Test) within Six (6) months of the scheduled contest.**
6. A **Negative Hepatitis "B" Surface Antigen (HBV sAg) Blood Test with Six (6) months of the scheduled contest**. (Note: negative Hep "B" cAb, eAg, are not acceptable. **Exceptions: Hepatitis "B"**: If a fighter has undergone a vaccination series for Hepatitis "B", they may present proof of immunity. This is via a blood test called HBV sAB. If this test is **positive**, the fighter is considered immune to the virus and does not need to be tested for the HBV sAg.
7. **Negative Hepatitis "C" serology (Blood Test) within six (6) months of the scheduled contest.**
8. A Physician shall do a **pregnancy test for female athletes within 7 -14 days of the event**. Results to be provided on Physician's or Laboratory letterhead. Use of prescription pad to provide results will not be accepted. Physician must print his name, address & telephone number with his signature.