



**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 BRAIN CTSCAN/MRI INTERPRETATION FORM

Note: Only a United States Licensed Radiologist, Neurologist or Neurosurgeon may complete this form!!!!

FIGHTER'S NAME: _____ DATE OF EXAM: _____

ADDRESS: _____

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

PHONE #: _____ DATE OF BIRTH: _____

WAS A CTSCAN OR MRI CONDUCTED? CTSCAN: _____ MRI: _____

WHAT TYPE OF CTSCAN OR MRI WAS CONDUCTED?

IS THE CTSCAN OR MRI WITHIN NORMAL LIMITS: YES: _____ NO: _____

IS FURTHER REFERRAL OR EXAMINATION NEEDED: YES: _____ NO: _____

IS SO, FURTHER RECOMMENDATIONS INCLUDE:

BASED ON THIS CTSCAN/MRI, THE FIGHTER:

IS IS NOT MEDICALLY CLEARED TO PARTICIPATE (CIRCLE ONE)

PHYSICIAN'S NAME: _____

PHYSICIAN'S SIGNATURE: _____

ADDRESS: _____

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

PHONE #: _____ FAX #: _____