

## **Arkansas State Athletic Commission**

Arkansas Department of Health/Combative Sports 4815 W. Markham St. Slot 36 Little Rock, AR 72205 PHONE(501)687-1038 FAX(501)255-0394

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## Combative Sports Medical Report (POST-BOUT)

	BOUT # Date:
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:	
1. 2. 3. 4.	CONTESTANT'S NAME:  Remarkable Re
5. 6.	Remarkable Unremarkable – Visual observation of cuts, breaks or any physical injuries  COMMENTS/NOTES: If any above observation is Remarkable or abnormal, please provide explanation, details and recommendation:
BAS	SED 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 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:
Sign	nature of Ringside Physician: Arkansas Medical License #
1. 2. 3. 4. 5. 6.	CONTESTANT'S NAME:  Remarkable Remarkable Remarkable Remarkable Remarkable Remarkable Remarkable Unremarkable - Physical examination of orthopedic emphasizing joints Reflexes; Sensory; and any special tests deemed prudent Remarkable Unremarkable - Visual observation of cuts, breaks or any physical injuries COMMENTS/NOTES: If any above observation is Remarkable or abnormal, please provide explanation, details and recommendation:
BAS	SED ON MY FOREGOING OBSERVATIONS & OBSERVATION OF THE BOUT, IN MY PROFESSIONAL MEDICAL OPINION: (Check All That Apply)
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	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:
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