FLORIDA ATHLETIC COMMISSION
2601 Blair Stone Road
Tallahassee, Florida 32399-1016
PHONE: 850.488.8500 FAX: 850.922.2249
EMAIL: FAC@myfloridalicense.com

DILATED OPHTHALMOLOGICAL EXAMINATION
(To be performed ONLY by an OPHTHALMOLOGIST or OPTOMETRIST)

To be completed by Participant (Fighter)

NAME:_____ _____
(LAST) (FIRST) (MIDDLE)

AGE:_____ BIRTH DATE:____/____/____ SS#:_____

HAVE YOU EVER HAD ANY EYE DISEASES? YES NO
List the nature of diseases:_____
HAVE YOU EVER SUFFERED ANY EYE INJURY? YES NO
List the nature of this injury:_____

HAVE EITHER OF YOUR EYES EVER BEEN OPERATED ON FOR
DETACHED RETINA OR FOR ANY OTHER REASON? YES NO

EXAMINATION - To be completed by examining Ophthalmologist or Optometrist

Date of Examination: _____

VISION:
NAKED EYE: _____ (LEFT) WITH CORRECTIVE LENSES: _____(LEFT)
_____(RIGHT) _____(RIGHT)
REMARKS: _____
ANY EVIDENCE OF PRESENT OR FORMER DISEASE? GIVE SPECIFICS_____
_____

	LEFT/ RIGHT	REMARKS
LIDS? :	_____/_____	_____
CONJUNCTIVA?:	_____/_____	_____
GLAUCOMA? :	_____/_____	_____
CORNEA? :	_____/_____	_____
PANNUS? :	_____/_____	_____
IRIS? :	_____/_____	_____
CHOROID? :	_____/_____	_____
PTOSIS? :	_____/_____	_____
RETINA? :	_____/_____	_____

IF TRACHOMA IS PRESENT, IS IT ACTIVE? : _____(L)/_____(R)
WHEN WAS IT LAST TREATED? : _____

DISCHARGE? :	_____/_____	_____
FOLLICIES? :	_____/_____	_____
CATARACT? :	_____/_____	_____
CORNEAL LEUCOMA?	_____/_____	_____

☐ I HEREBY CERTIFY THAT BASED ON THE STATEMENTS MADE BY THE PARTICIPANT AND/OR MY PHYSICAL FINDINGS, IT IS MY OPINION THAT SAID PARTICIPANT HAS A NORMAL EYE EXAMINATION AND IS ABLE TO ENGAGE IN BOXING, KICKBOXING, OR MIXED MARTIAL ARTS MATCHES.

☐ I HEREBY CERTIFY THAT BASED ON THE STATEMENTS MADE BY THE PARTICIPANT AND/OR MY PHYSICAL FINDINGS, IT IS MY OPINION THAT SAID PARTICIPANT DOES NOT HAVE AN APPROPRIATE EYE CONDITION TO ENGAGE IN BOXING, KICKBOXING, OR MIXED MARTIAL ARTS MATCHES.

_____ _____
SIGNATURE OF OPHTHALMOLOGIST/OPTOMETRIST **(PLEASE PRINT) NAME OF OPHTHALMOLOGIST/OPTOMETRIST**

_____ _____
LICENSE NUMBER OF OPHTHALMOLOGIST/OPTOMETRIST **OFFICE PHONE NUMBER OF OPHTHALMOLOGIST/OPTOMETRIST**