



Board	01 - TN Athletic Commission
License Type	0100 - TN Athletic Commission
File Number	_____
Entity	_____
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Athletic Commission

Neurological Exam

This is a professional athlete neurological examination report. This form is required for any combatants age 35 or older. Only a licensed neurologist or neurosurgeon can conduct this examination and complete this form. Please complete this form in its entirety. All information must be typed or legibly printed and **all questions must be answered**. Submit form to the following address: *Tennessee Athletic Commission, 500 James Robertson Pkwy, Nashville, TN 37243.*

Combatant's Full Name:

First Name	Middle Name	Last Name
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Social Security #: _____ Birth Date: _____ Age: _____

Professional Ring Name: _____

Phone: _____ E-mail: _____

Mailing Address: _____

City	County	State	Country	Zip Code
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History:

Is there anything in this combatant's past medical history that would cause you to recommend that the combatant not be licensed in Tennessee? [] Yes [] No

Please explain:

Examination:

Cranial Nerves:

1. Pupillary size in MM OD ____ OS ____ Reactivity OD ____ OS ____

Note any asymmetry _____

N/A ____

2. Fundus OD ____ OS ____ N/A ____

3. Eye closure _____

N/A ____

4. Extraocular motility visual pursuit _____ saccades _____ nystagmus _____

Describe any abnormality _____

N/A ____

5. Palate elevation N/A ____

Motor:

6. Strength RUE ____ LUE ____ FILE ____ LLE ____ (0 - 5/5)

List any abnormality _____

N/A ____

7. Tone RUE ____ LUE ____ FILE ____ LLE ____
(I = increased D = decreased N = normal) N/A ____

8. Range of motion RUE ____ LUE ____ FILE ____ LLE ____

Describe reason for restriction _____

N/A ____

9. Abnormal movements (tics, chorea, choreiform, myoclonus, etc.)

Fasciculation _____

Describe any abnormal movements _____

N/A ____

Cerebellar:

10. Finger – nose – finger

Describe any abnormalities _____ N/A ____

11. Heel – shin

Describe any abnormalities _____ N/A ____

Abnormal = 3 failures

12. Rebound check

Describe any abnormalities _____ N/A ____

Abnormal = 2 failures

13. Rapid alternating hand movements

Describe any abnormalities _____ N/A ____

14. One foot hop (3 trails, 5 seconds each foot)

Describe any abnormalities _____ N/A ____

15. Romberg Describe any abnormalities _____ N/A ____

Gait:

16. Gait

Routine Gait _____ Heal Walk _____ Toe Walk _____ Tandem Walk _____

Note any abnormal movements, including upper extremity (i.e.: dystonic posturing, athetosis)

_____ N/A _____

Sensation:

17. Sensation _____ N/A _____

Deep Tendon Reflexes:

18. Deep Tendon Reflexes _____ N/A _____

19. Babinski _____ N/A _____

Other Observations:

20. List any other symptoms or evidence of neurological abnormalities from history or observations.

MENTAL STATUS EXAMINATION:

Maximum Score

1. What is the (year) (season) (date) (month) ____/4
2. Where are we (state) (county) (city) (hospital) (floor) ____/5
3. Name 3 objects: (e.g., cow, apple, bus) – one second to say each ____/3

Then ask applicant all three after you have said them.
(One point for each correct answer) Then repeat them until he/she learns all 3.

Count trials and record. Trials = _____

4. Serial 7's. (One point for each correct) Stop after 5 attempts ____/5
5. Ask for the 3 objects repeated above (one point for each correct) ____/3
6. Name a pencil and a watch ____/2
7. Repeat: "No ifs, ands, or buts" ____/1
8. Follow a 3 stage command: 3 ____

"Take a paper in your right hand. Fold it in half, and put it on the floor."

9. Copy Design ____/1



Total Score _____
(021 suggestions cognitive impairment)

Examining Physician:

Based on your personal observation and review of the test results and considering Tennessee Athletic Commission rules, is it your medical opinion that this applicant is physically fit to be licensed and compete in combative sports? [] Yes [] No
If no, please explain:

Physician's Full Name:

First Name	Middle Name	Last Name
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Medical License Number _____

Physician's Address:

City	County	State	Country	Zip Code
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Physician's Signature

Date/ Time

Authorization to Use and Disclose Protected Health Information

I hereby authorize _____ (Physician) to furnish to the Tennessee State Athletic Commission (the "Commission"), or its successors, copies of all my medical records, hospital records, records of treatment for drug and/or alcohol abuse or dependency, or other information requested by the Commission in connection with my application for licensure by the Commission or any further or future investigation by the Commission necessary to determine my fitness for licensure. I further authorize the Commission or its successors to release any medical or other personal information with respect to my application or licensure to those athletic commissions (or similar regulatory bodies) that have a need to know, as determined by the Commission. This disclosure of records is required for official use, including investigation of my fitness for licensure by the Commission. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

I understand that I have a right to receive a copy of this authorization if I request it. I may inspect or obtain a copy of the protected health information that I am being asked to disclose.

I understand that I have a right to revoke this authorization by sending written notification to the Tennessee State Athletic Commission, 500 James Robertson Parkway, Nashville, TN 37243. I understand that if I revoke this authorization, I may not be allowed to continue in the licensure process, or, if I am licensed, my license may be adversely affected.

This authorization shall remain valid for two years from the date a license is issued to me. A copy of this authorization shall be as valid as the original.

Applicant Name (Print)

Applicant Signature

Date