CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC
P.O. Box 4641 Riverside, CA 92514
PH: (213) 908-2185 FAX: (213) 908-2186 or (888) 663-9915

CARDIOVASCULAR HISTORY and EKG REPORT

Only a licensed physician may conduct
Physical and EKG examinations and complete this form.
Please complete this form in its entirety.

This Cardiovascular History shall include a current EKG report performed with the past thirty (30) days.

This examination does not take the place of any other examination required by CAMO. It also does not take the place of any general physical examination, diagnosis, or medical treatment of the applicant. It is solely for the purpose of aiding CAMO in determining whether the applicant's present *cardiac condition* permits him or her to be licensed for competition.

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Name of Applicant (Print Name) Date of Birth

Date of EKG Report: ________________ Date of this Report:___________

Do you get tired more quickly than your friends do during exercise? **Yes** **No** If YES, please explain: ____
____

Have you ever had racing of your heart or skipped heartbeats? **Yes** **No** If YES, please explain: ____
____

Have you been told you had high blood pressure or high cholesterol? **Yes** **No** If YES, please explain: ____
____

Have you ever been told you have a heart murmur? **Yes** **No** If YES, please explain:
____
____

Has any family member or relative died of heart problems or of sudden death before age 50? **Yes** **No** If YES, please explain:___________________________________
____

CARDIOVASCULAR HISTORY

APPLICANT NAME: ___________________________________

Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the past month? **Yes** **No** If YES, please explain: ________________________
____

Has a physician ever denied or restricted your participation in sports for any heart problems? **Yes** **No** If YES, please explain: ___________________________________
____

Does the athlete have Normal Sinus Rhythm? **Yes** **No** If NO, please explain: ______
____

Is the EKG within normal limits? **Yes** **No** If NO, please explain: _________________
____
____

Based on your personal medical opinion and considering Commission rules, is this applicant cardiologically eligible to be licensed to compete and participate in combative sports? **Yes** **No** If NO, please explain:
____
____
____

Is further referral or additional examinations necessary or recommended? **Yes** **No** If YES, please explain: ____
____
____

EXAMINING PHYSICIAN:

____
*LICENSED PHYSICIAN'S NAME (PRINT) *MEDICAL LICENSE NUMBER

____
ADDRESS CITY STATE ZIP CODE

____
TELEPHONE NUMBER DATE/TIME

____
*PHYSICIAN'S SIGNATURE

*Must be a licensed physician (MD or DO ONLY). No physician assistant (PA) or nurse (NP) signatures accepted without accompanying physician name, signature, and medical license number.