



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
2525 N. 7TH STREET
Harrisburg, PA 17110

OPHTHAMOLOGICAL EXAM
(To be completed by an OPTHAMOLOGIST ONLY)

History: (To be completed by the **BOXER.**)

Do you have any history of:	YES	NO
Decreased vision	_____	_____
Loss of vision	_____	_____
Double vision	_____	_____
Amblyopia (lazy eye)	_____	_____
Crossed eyes	_____	_____
Eye or orbital injury	_____	_____
Light flashes and/or floating spots	_____	_____
Any other ocular or orbital condition	_____	_____

Explain any yes answers here:

The forgoing information is true and complete to the best of my knowledge, and I confirm this statement under penalty of perjury.

Date	Boxer's Name (Print)	Boxer's Signature
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VISUAL REQUIREMENTS FOR LICENSURE BY THE PENNSYLVANIA STATE ATHLETIC COMMISSION:

- a) Uncorrected visual acuity: 20/200 or better in each eye
- b) Corrected visual acuity: 20/40 or better in each eye
- c) Normal visual field
- d) Absence of "Major Ocular Pathology"
 - 1) Anterior Chamber Angle Abnormalities
 - 2) Glaucoma or Suspicion of Glaucoma
 - 3) Lens Abnormalities
 - 4) Peripheral Retinal Abnormalities
 - 5) Macular Abnormalities
 - 6) Diplopia or Extraocular Muscle Palsy
 - 7) Active Inflammation
 - 8) Optic Nerve Abnormalities

OPHTHALMOLOGICAL EXAM

(To be completed by an OPTHAMOLOGIST ONLY)

VISUAL ACUITY	RIGHT	LEFT
Without Correction	_____	_____
With Correction	_____	_____
VISUAL FIELD	_____	_____
EXTERNAL EXAM	_____	_____
ANTERIOR SEGMENT EXAM	_____	_____
DILATED RETINAL EXAM	_____	_____
OPTIC NERVE	_____	_____
EXTRAOCULAR MUSCLES	_____	_____
GONIOSCOPY (Angle Recession)	_____	_____
INTRAOCULAR PRESSURE	_____	_____

PLEASE COMMENT ON ANY AND ALL ABNORMAL FINDINGS:

IMPRESSION AND ADDITIONAL COMMENTS (Add extra page if necessary)

ALLOW TO BOX 1) YES_____ 2) CONDITIONAL_____ 3) NO_____

(To be completed by an OPTHAMOLOGIST ONLY)

Physician’s Signature	Print Name	Date
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Street Address

City	State	Zip	Phone
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FAX OR MAIL TO:

PENNSYLVANIA STATE ATHLETIC COMMISSION
2601 NORTH 3RD ST
HARRISBURG PA 17110

PHONE: 717-787-5720
FAX: 717-783-0824