

## PHYSICAL CLEARANCE FOR MIXED MARTIAL ARTS (MMA) COMPETITION

**Date:** [Date]

**Patient Information:**

Name: [Athlete Name]

Date of Birth: [Date of Birth]

Weight: [Current Weight]

**Physician Information:**

Name: [Physician Name]

Medical License Number: [License #]

Clinic/Hospital: [Clinic Name]

Phone: [Phone Number]

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To the Sanctioning Body/Athletic Commission:

I have performed a comprehensive physical examination on the athlete named above. Based on my clinical evaluation and the required diagnostic tests, I find the athlete to be in good physical health and free from any injuries or medical conditions that would preclude participation in a full-contact Mixed Martial Arts (MMA) event.

**The examination included, but was not limited to:**

- Cardiovascular assessment and blood pressure check.
- Neurological screening and concussion history review.
- Musculoskeletal evaluation (joints, spine, and extremities).
- Review of required lab work (HIV, Hepatitis B, Hepatitis C).
- Vision and funduscopy exam.

**Statement of Clearance:**

I certify that on this date, [Date of Exam], [Athlete Name] is **MEDICALLY CLEARED** to compete in Mixed Martial Arts without restrictions.

Sincerely,

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(Signature of Physician)

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(Medical Degree/Credentials)

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