Association of
Boxing Commissions
and Combative Sports

PRE-FIGHT ELECTROCARDIOGRAM (EKG) INTERPRETATION FORM

NAME:____ **EXAM DATE:** __________________

ADDRESS: ____

CITY: _________________________ **STATE:** ______ **COUNTRY:** ___________________________

PHONE: _____________________________________ **DATE OF BIRTH:** ______________________

EKG INTERPRETATION:

☐ **WITHIN NORMAL LIMITS**

IF NOT WITHIN NORMAL LIMITS, PLEASE REPORT ABNORMALITIES BELOW:
(CHECK ALL THAT APPLY)

- ☐ NSR
- ☐ Sinus Brady
- ☐ Sinus Tachycardia
- ☐ Sinus Arrest
- ☐ Sinus Arrhythmia
- ☐ S-A Block
- ☐ SVT
- ☐ PAC's
- ☐ A-Fib
- ☐ A-Flutter
- ☐ Junctional Rhythm
- ☐ PVC's
- ☐ V-Tach
- ☐ V-Fib
- ☐ V-Arrhythmia
- ☐ 1° A-V Block
- ☐ Mobitz Type I
- ☐ Mobitz Type II
- ☐ Complete Block
- ☐ QRS > .10
- ☐ LAD
- ☐ LBBB
- ☐ Incomplete RBBB
- ☐ RBBB
- ☐ LVH
- ☐ LVH with Strain
- ☐ RVH
- ☐ RVH with Strain
- ☐ Cor Pulmonale
- ☐ Acute Infarct
- ☐ Infarct - Recent
- ☐ Infarct - Old
- ☐ Ischemic T-wave Abn
- ☐ Non-Specific T-wave Abn
- ☐ Non-Specific S-T Segment Abn
- ☐ Q-T > .44
- ☐ Abnormal P-Wave
- ☐ Electrolyte Effect
- ☐ Technically Limited Study
- ☐ Un-interpretable

BASED ON THIS EKG, THE FIGHTER:
☐ **IS** ☐ **IS NOT MEDICALLY CLEARED TO PARTICIPATE**

If Not, Further Recommendations Include: ____

Physicians Name: ____

Physician Signature: ____

Address: ____________________________________ **City:** ______________

State: ______________________________ **Country:** __________________ **Zip:** ________

Phone: ______________________________ **Fax:** _______________________________

Forms Courtesy of :
Dr. Michael Schwartz
Co-Chairman – Medical Advisory Committee