



BC Athletic Commissioner - AMATEUR -



AMATEUR CONTESTANT EYE EXAMINATION FORM

→ To be completed by a licensed Optometrist or Ophthalmologist ←

A. APPLICANT INFORMATION

Name:	Surname	First Name	Middle Name
Medical insurance #:		Date of birth:	(yyyy-mm-dd)

B. EYE EXAMINATION (MUST include performance of a dilated funduscopy)

I hereby certify that I have examined _____ on this date _____
(print contestant's full legal name) (yyyy-mm-dd)

and confirm that as part of this examination I have performed a dilated funduscopy.

MUST CHECK ONE:

It is my professional opinion that;

- This individual is **FIT** to compete in combat sports at this time.
- This individual is **NOT FIT** to compete in combat sports at this time.

If 'Not Fit', please explain: _____

Name of Optometrist/Ophthalmologist: _____

Name of Professional Governing Body: _____ Registration #: _____

Office Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Optometrist/Ophthalmologist Signature: _____

For more information on examination requirements please visit: www.cscd.gov.bc.ca/bcathleticcommission