



BC Athletic Commissioner
- PROFESSIONAL EYE EXAMINATION -



A. APPLICANT INFORMATION - must be completed by license applicant

Applicant Information:	Surname	First Name
	Date of Birth (yyyy-mm-dd)	Age

B. EYE EXAMINATION – must be completed by an Optometrist or Ophthalmologist

Refractive State: (R) _____ (L) _____

Visual Fields: (R) _____ (L) _____

Visual Acuity: (R) ___ / (L) ___ / Both ___ / Completed Uncorrected

Confirm that as part of this examination I have performed a dilated fundoscopy

Comments:

I hereby certify that I have examined _____ on this date _____

(Name of contestant applicant)

(yyyy-mm-dd)

in preparation to compete in professional combat sports such as boxing, kickboxing, and / or MMA, and I find that:

is fit to compete in combat sports

is not fit to compete in combat sports

Name of Optometrist / Ophthalmologist: _____

Name of Professional Governing Body: _____ Registration#: _____

Office Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Optometrist / Ophthalmologist Signature: _____

Your personal information is being collected by the Commissioner or his or her delegate under sections 26(a) and 26(c) of the Freedom of Information and Protection of Privacy Act, for the purpose of registering applications by the Athletic Commissioner for Combat Sports. For questions regarding the collection of personal information please contact the Office of the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-888-952-6760 (toll-free).