



**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 funduscopy

Comments:

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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).