



# OREGON STATE POLICE

Oregon State Athletic Commission  
4190 Aumsville Hwy SE  
Salem OR 97317



TELEPHONE: 503-378-8739

FAX: 503-378-2530

## REPORT OF EYE EXAM BY OPTOMETRIST

### PROFESSIONAL BOXER

Name: \_\_\_\_\_ Ring Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

History: If possible please provide the following information:

Amateur Boxing: From: \_\_\_\_\_ To: \_\_\_\_\_

Professional Boxing: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Professional Fights: Wins: \_\_\_\_\_ Losses: \_\_\_\_\_

Number of KO's as a Professional Boxer (include TKO): \_\_\_\_\_ Date of last KO: \_\_\_\_\_

Any eye injuries: \_\_\_\_\_ Any eye Medications: \_\_\_\_\_ If so, name medication: \_\_\_\_\_

Have you ever had Retina Surgery or Laser Eye Treatment? \_\_\_\_\_

Have you ever had Refractive Surgery or Laser Correction of your vision? \_\_\_\_\_

If so explain: \_\_\_\_\_

Name and address of any Eye Physicians who have treated your eyes: \_\_\_\_\_

Use extra paper if necessary: \_\_\_\_\_

I \_\_\_\_\_ certify (or declare) under penalty of perjury, that the foregoing history is true and correct. Further, I realize that any misstatement in said history may result in disciplinary action.

\_\_\_\_\_  
Applicant Signature

#### OPHTHALMOLOGIST EXAM:

Vision with naked eye:

Vision with glasses (contact lens):

RIGHT EYE

LEFT EYE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Abnormalities in:

Conjunctiva or Eyelids:

Eye Muscles or Strabismus:

Cornea; Lens:

Anterior Chamber; Chamber Angle (include Gonioscopy):

Vitreous:

Peripheral Retina:

Macula:

Optic Nerve:

Visual Fields (Goldman ID4e or equivalent):

Eye Pressure, mmHg. (List test):

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Findings \_\_\_\_\_

EYE TEST QUESTIONS	PASS	FAIL	BOXING COMMISSION REVIEW
Visual acuity better than 20/100 in each eye without correction. (Disqualified if uncorrected VA is 20/100 or worse in either eye).			
Visual acuity 20/40 or better with correction in each eye. If vision with correction is less than 20/40 in one eye, eligibility will be determined on case-by-case review by the Boxing Commission. If visual acuity is less than 20/40 with correction in both eyes, then he is not eligible for boxing privileges.			
Peripheral visual field (Goldman III 4e or <u>equivalent</u> ) at least 40 in all meridians in each eye. If visual fields less than 20 in either eye, he is not qualified to box. Visual field restrictions less than 40 but greater than 20 will be reviewed on a case-by-case basis.			
No untreated retinal detachment or pre-detachment peripheral retina pathology (horseshoe tear, etc.).			
At least 30 days has passed following successful treatment of pre-detachment retinal pathology (horseshoe tears).			
At least 60 days must have passed following successful treatment of retinal detachment.			
All cases of treated pre-detachment retinal pathology and retinal detachment will be reviewed will be received by the Boxing Commission.			

OCULAR EXAM RESULTS:

\_\_\_\_\_ Appears to Pass Eye Exam  
 \_\_\_\_\_ Appears to Fail Eye Exam Because: \_\_\_\_\_  
 \_\_\_\_\_ Needs to be Case-By-Case Review by Boxing Commission because: \_\_\_\_\_

\_\_\_\_\_  
 Physician's Name & License#

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Date

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

\_\_\_\_\_  
 Phone Number

**SUBMIT REPORTS TO:**

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