



New York State Athletic Commission

New York State
Department of State
State Athletic Commission
123 William Street
New York, NY 10038-3804
Telephone: (212) 417-5700

PRE-FIGHT ELECTROCARDIOGRAM (EKG) INTERPRETATION FORM

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____

Country: _____ Phone: _____

EKG Interpretation: within normal limits

If not within normal limits, please report abnormalities below: (check all that apply)

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

Based on this EKG, the fighter: is is not medically cleared to participate in combat sports.

If not cleared, recommendations include: _____

Today's Date: _____

Physicians Name (PRINT or Stamp): _____

Physician Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

Email: _____