

OPHTHALMOLOGICAL EVALUATION
(To be completed by an Ophthalmologist only)

The Maryland State Athletic Commission's safety and health regulations require that an individual applying for a license to compete in a boxing or kick boxing contest undergo an ophthalmological evaluation which is performed by an ophthalmologist who is licensed by or eligible for certification by the American Board of Ophthalmology.

The evaluation must include an official report of the indirect ophthalmoscopy and slit lamp.

EXAMINERS SHOULD BE AWARE OF:

MECHANISMS OF OCULAR INJURY

- Coup Damage
- Contrecoup Damage
- Equatorial Expansion

STRUCTURES IN THE EYE AFFECTED BY TRAUMATIC INJURY

- Angle recession glaucoma
- Lens - cataracts and dislocation
- Macula - choroidal rupture, macular cyst, macular hole
- Retina

BOXER'S NAME: _____

ABNORMALITIES SEEN IN THE PERIPHERAL RETINA

- Tears
- Holes
- Detachments

A REPEAT, COMPLETE EYE EXAMINATION SHOULD BE INSTITUTED:

- Annually
- After a fight stopped due to eye injury
- At the request of a commission physician

=====**REPORT OF OPHTHALMOLOGICAL EVALUATION**=====

VISUAL FIELD (by confrontation)

Normal _____ Abnormal _____

DESCRIBE ABNORMALITIES INCLUDING, BUT NOT LIMITED TO, THOSE LISTED ABOVE

EYES	RIGHT	LEFT
Distance Vision	20/	20/
Fundi (Peripheral)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
(Macula)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Cataracts (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPROVED TO BOX/KICKBOX: _____ YES _____ NO _____ OTHER

INDIRECT OPHTHALMOSCOPY:

Physician _____ (Date) _____

Address _____

Telephone Number _____

RESULTS: (Attach reports)