



California State Athletic Commission
 1424 Howe Ave. Ste. #33
 Sacramento, CA 95825
 www.dca.ca.gov/csac/
 (916) 263-2195 FAX (916) 263-2197



MRI REVIEW SUMMARY

***Only a licensed physician who specializes in neurology or neurosurgery may conduct neurological examinations and complete this form.
 Please complete this form in its entirety.***

This examination does not take the place of any other examination required by the Commission. It also does not take the place of any general physical examination, diagnosis, or medical treatment of the applicant. It is solely for the purpose of aiding the CSAC in determining the *neurological condition* of the applicant and if he or she is fit to be licensed to compete in combative sports.

Only MRI scans conducted on a (at a minimum) 1.5 Tesla MR Machine are acceptable. The machine must be equipped with capabilities that include fast spin echo and FLAIR imaging. Image sequences should include axial T1, T2, and FLAIR images; coronal images should be performed as a T2 coronal; and a single sagittal T1 sequence.

Only diagnostic reports that are performed on machines with these specifications are accepted by the Commission. If the examination was not conducted on a machine that meets these specifications, do not complete this form.

Name of applicant (Print Name) _____

Date of Birth _____

Date of MRI Diagnostic Report: _____

Date of this report: _____

Is the MRI examination within normal limits? **Yes No** If NO, please explain: _____

Is further referral or additional examinations necessary or recommended? **Yes No** If yes, please explain: _____

NOTICE TO PHYSICIAN: No clearance may be given by you to any applicant who has signs of or has suffered cerebral hemorrhage or any other serious head injury. Any such signs or observations must be reported to the Commission immediately. You may not clear an applicant to compete that demonstrates these signs or symptoms unless so instructed by the Commission.

Based on your personal medical opinion and considering Commission rules, is this applicant neurologically eligible to be licensed to compete and participate in combative sports? **Yes No** If no, please explain: _____

EXAMINING PHYSICIAN INFORMATION:

 LICENSED PHYSICIAN'S NAME (print)

 MEDICAL LICENSE NUMBER

 ADDRESS

 CITY

 STATE

 ZIP CODE

 TELEPHONE NUMBER

 DATE/TIME

 PHYSICIAN'S SIGNATURE

Revised December 2007