



## PRE-FIGHT BRAIN CT SCAN INTERPRETATION FORM

**NOTE: Only a licensed radiologist, neurologist or neurosurgeon may complete this form**

**NAME:** \_\_\_\_\_ **EXAM DATE:**  
\_\_\_\_\_

**ADDRESS:**  
\_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **COUNTRY:**  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **DATE OF BIRTH:**  
\_\_\_\_\_

**TYPE OF MRI CONDUCTED?**  
\_\_\_\_\_

**\*IS THIS CT EXAMINATION WITHIN NORMAL LIMITS?**  YES  NO

**IS FURTHER REFERRAL OR EXAMINATION NEEDED?** YES  NO

**IF SO, FURTHER RECOMMENDATIONS INCLUDE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BASED ON THIS CT, THE FIGHTER:**

IS IS NOT MEDICALLY CLEARED TO PARTICIPATE

**Physicians Name:**  
\_\_\_\_\_

**Physician Signature:**  
\_\_\_\_\_

**Address:** \_\_\_\_\_ **City:**

\_\_\_\_\_

**State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Zip:**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:**

\_\_\_\_\_

**\*PLEASE INCLUDE A COPY OF THE ACTUAL CT EXAMINATION REPORT WITH THIS  
FORM**