



PRE-FIGHT ELECTROCARDIOGRAM (EKG) INTERPRETATION FORM

NAME: _____ EXAM DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____

PHONE: _____ DATE OF BIRTH: _____

EKG INTERPRETATION:

WITHIN NORMAL LIMITS

**IF NOT WITHIN NORMAL LIMITS, PLEASE REPORT ABNORMALITIES BELOW:
(CHECK ALL THAT APPLY)**

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

BASED ON THIS EKG, THE FIGHTER:

IS IS NOT MEDICALLY CLEARED TO PARTICIPATE

If Not, Further Recommendations Include:

Physicians Name:

Physician Signature:

Address: _____ **City:**

State:: _____ **Country:** _____ **Zip:**

Phone: _____ **Fax:**
