



PRE-FIGHT BRAIN MRI 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 MRI EXAMINATION WITHIN NORMAL LIMITS?** YES NO

IS FURTHER REFERRAL OR EXAMINATION NEEDED? YES NO

IF SO, FURTHER RECOMMENDATIONS INCLUDE:

BASED ON THIS MRI, THE FIGHTER:

IS IS NOT MEDICALLY CLEARED TO PARTICIPATE

Physicians Name:

**Physician
Signature:** _____

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Address: _____ City: _____

State: _____ Country: _____ Zip: _____

Phone: _____ Fax: _____

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