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 
☐ Sinus Brady
☐ Sinus Tachycardia
☐ Sinus Arrest
☐ Sinus Arrhythmia
☐ S-A Block
☐ SVT
☐ PAC’s
☐ A-Fib
☐ A-Flutter
☐ Junctional Rhythm
☐ PVC’s
☐ V-Tach
☐ V-Fib
☐ V-Arrhythmia
☐ 1° A-V Block
☐ Mobitz Type I
☐ Mobitz Type II
☐ Complete Block
☐ QRS > .10

☐ LAD
☐ LBBB
☐ Incomplete RBBB
☐ RBBB
☐ LVH
☐ LVH with Strain
☐ RVH
☐ RVH with Strain
☐ Cor Pulmonale
☐ Acute Infarct
☐ Infarct - Recent
☐ Infarct - Old
☐ Ischemic T-wave Abn
☐ Non-Specific T-wave Abn
☐ Non-Specific S-T Segment Abn
☐ Q-T > .44
☐ Abnormal P-Wave
☐ Electrolyte Effect
☐ Technically Limited Study

☐ 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: _____________________________________________________________________________

Forms Courtesy of:
Dr. Michael Schwartz
Co-Chairman – Medical Advisory Committee