

North Carolina Boxing Authority

Neurological Examination Report

Last Name _____ First Name _____ Date of Birth _____

Date of neurological exam _____

Neurological Examination

CRANIAL NERVES (1-5)

1. Pupillary size in MM OD _____ OS _____ Reactivity OD _____ OS _____
Note any asymmetry _____ N/A _____ (1)
2. Fundus OD _____ OS _____ N/A _____ (2)
3. Eye closure _____ N/A _____ (3)
4. Extra ocular motility visual pursuit _____ saccades _____ nystagmus _____
Note any abnormality _____

5. Palate elevation _____

MOTOR (6-9)

6. Strength RUE _____ LUE _____ RLE _____ LLE _____
List any abnormality _____
7. Tone RUE _____ LUE _____ RLE _____ LLE _____
(I = increased D = decreased N = normal)
8. Range in motion RUE _____ LUE _____ RLE _____ LLE _____
Describe reason for restriction _____
9. Abnormal movements (tics, chorea, choreiform, myoclonus, etc.) _____
Fasciculation _____
Describe any abnormal movements _____

CEREBELLAR (10-15)

10. Finger - nose - finger *Describe any abnormalities* _____
11. Heel - shin *Describe any abnormalities* _____
Abnormal = 3 failures
12. Rebound Check *Describe any abnormalities* _____
Abnormal = 2 failures
13. Rapid alternating hand movements
Describe any abnormalities _____
14. One foot hops (3 trails, 5 secs each ft.) *Describe any abnormalities* _____
15. Romberg *Describe any abnormalities* _____

NEUROLOGICAL EXAMINATION

APPLICANT NAME: _____

GAIT (16)

16. **GAIT**
 Routine Gait _____ Heal Walk _____ Toe Walk _____ Tandem Walk _____
Note and abnormal movements, including upper extremity (ie: dystonic posturing, athetosis)
 _____ N/A _____ (16)

SENSATION (17)

17. Sensation _____ N/A _____ (17)

DEEP TENDON REFLEXES (18-19)

18. Deep Tendon Reflexes _____ N/A _____ (18)
 19. Babinski _____ N/A _____ (19)

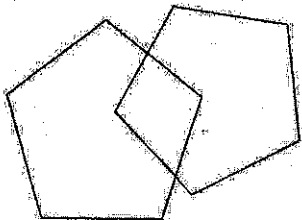
OTHER OBSERVATIONS (20)

20. List any other symptoms or evidence of neurological abnormalities from history or observations.
 _____ N/A _____ (20)

MENTAL STATUS EXAMINATION

MINI-MENTAL STATUS EXAM (1-9)

	Maximum Score	Score
1. What is the (year) (season) (date) (month)	5	_____
2. Where are we (state) (county) (city) (hospital) (floor)	5	_____
3. Name 3 objects: (e.g., cow, apple, bus)—one second to say each Then ask applicant all three after you have said them. (One point for each correct answer.) Then repeat them Until he/she learns all 3. Count trials and record. Trials = _____	3	_____
4. Serial 7's. (One point for each correct.) Stop after 5 attempts	5	_____
5. Ask for the 3 objects repeated above (one point for each correct)	3	_____
6. Name a pencil and a watch	2	_____
7. Repeat: "NO IFS, ANDS, OR BUTS"	1	_____
8. Follow a 3-stage command: "TAKE A PAPER IN YOUR RIGHT HAND. FOLD IT IN HALF, AND PUT IT ON THE FLOOR"	3	_____
9. Copy Design	1	_____



TOTAL SCORE
 (0-21 suggests cognitive impairment)

_____ N/A _____ (1-9)

EXAMINING NEUROLOGIST OF NEUROSURGEON

As a licensed physician specializing in neurology or neurosurgery (circle one), I DO or DO NOT (circle one) believe that this applicant could be permitted to be licensed as a Pro/Amateur Fighter in North Carolina.

Is further referral necessary?

Are additional exams needed?

I certify under penalty of perjury under the laws of the State of North Carolina that I am a licensed physician and that I specialize in neurology or neurosurgery.

Licensed Neurosurgeon or Neurologist's Name (Print)

Medical License Number

Signature of Neurosurgeon or Neurologist

Date

(Street Address)
Code

City

State

Zip

Office Phone # _____