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**NORTH CAROLINA BOXING AND COMBAT
SPORTS COMMISSION**



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I am a licensed **Medical Doctor or Doctor of Osteopathic** and I have examined the fighter below and he/she is physically and mentally fit to compete in a combat sport and does not need any further testing.

Fighter
Name _____

Date of Birth _____

Cleared for _____

Date of Exam _____

Doctor's Name _____

Doctor's License Number _____

Doctor's Phone Number _____

Doctor's Signature _____ **(MD/DO)**

(Stamp)