

PRE-FIGHT MEDICAL QUESTIONNAIRE

Contestant's Name Mark Diaz Weight lb/Kg 170 Age 28

Yes () No () Have you had an MRI/MRA for any reason other than state licensing?
Explain _____

Yes () No () Have you ever had any eye problems, surgery (e.g. Lasik, PRK), or special examinations? Explain _____

Yes () No () Have you had any eye problems since your yearly exam was done?
Explain _____

Yes () No () Do you have any serious medical illnesses, conditions? Explain _____

Yes () No () Have you had any broken bones in last 6 months?
Explain _____

Yes () No () Have you had any injury to your shoulders, elbows, or hands that needed special evaluation /exam? Explain _____

Yes () No () Have you had any injury to your knees, ankles, or feet that needed special evaluation / exam? Explain _____

Yes () No () Have you had any lacerations/cuts that required sutures/glue or repair?
Explain _____

Yes () No () Have you had any surgeries? Explain _____

Yes () No () Have you taken/received any prescribed medications in the last 2 weeks?
Explain _____

Yes () No () Have you taken/received any over the counter medication/products in the last 2 weeks? _____

Yes () No () Have you suffered a KO or TKO for any reason in the last 6 months?
Explain _____

What was your weight 2 weeks ago? 170

Date of last fight? 10/27/2

Result of your last fight: () Win () Lose by () KO () TKO () Submission () Decision

I hereby attest that the above information is true and accurate to the best of my knowledge.

[Signature]
Contestant's signature

[Signature]
Second's signature

Date 2/3/2

NSAC Physician [Signature]