



MOHEGAN TRIBE  
DEPARTMENT OF ATHLETIC REGULATION

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)

- |  |   |
|--|---|
| <input type="checkbox"/> NSR               | <input type="checkbox"/> LAD                          |
| <input type="checkbox"/> Sinus Brady       | <input type="checkbox"/> LBBB                         |
| <input type="checkbox"/> Sinus Tachycardia | <input type="checkbox"/> Incomplete RBBB              |
| <input type="checkbox"/> Sinus Arrest      | <input type="checkbox"/> RBBB                         |
| <input type="checkbox"/> Sinus Arrhythmia  | <input type="checkbox"/> LVH                          |
| <input type="checkbox"/> S-A Block         | <input type="checkbox"/> LVH with Strain              |
| <input type="checkbox"/> SVT               | <input type="checkbox"/> RVH                          |
| <input type="checkbox"/> PAC's             | <input type="checkbox"/> RVH with Strain              |
| <input type="checkbox"/> A-Fib             | <input type="checkbox"/> Cor Pulmonale                |
| <input type="checkbox"/> A-Flutter         | <input type="checkbox"/> Acute Infarct                |
| <input type="checkbox"/> Junctional Rhythm | <input type="checkbox"/> Infarct - Recent             |
| <input type="checkbox"/> PVC's             | <input type="checkbox"/> Infarct - Old                |
| <input type="checkbox"/> V-Tach            | <input type="checkbox"/> Ischemic T-wave Abn          |
| <input type="checkbox"/> V-Fib             | <input type="checkbox"/> Non-Specific T-wave Abn      |
| <input type="checkbox"/> V-Arrhythmia      | <input type="checkbox"/> Non-Specific S-T Segment Abn |
| <input type="checkbox"/> 1° A-V Block      | <input type="checkbox"/> Q-T > .44                    |
| <input type="checkbox"/> Mobitz Type I     | <input type="checkbox"/> Abnormal P-Wave              |
| <input type="checkbox"/> Mobitz Type II    | <input type="checkbox"/> Electrolyte Effect           |
| <input type="checkbox"/> Complete Block    | <input type="checkbox"/> Technically Limited Study    |
| <input type="checkbox"/> QRS > .10         | <input type="checkbox"/> 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: \_\_\_\_\_