

**MANITOBA BOXING COMMISSION
EYE EXAMINATION**

Legal name: _____

<p>EYES (to be completed by optometrist or ophthalmologist)</p>	<p>REFRACTIVE STATE: (R) _____ (L) _____ VISUAL FIELDS (R) _____ (L) _____ VISUAL ACUITY: (R) ___/___ (L) ___/___ BOTH ___/___ Corrected <input type="checkbox"/> Uncorrected <input type="checkbox"/> FUNDI _____ CORNEA _____ INTRA-OCULAR PRESSURE _____</p> <p>*Fit to box: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If NO please explain: _____</p> <p>*Date: _____ *Signature: _____</p> <p>Office address: _____</p> <p>Tel: _____ Fax: _____</p>
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