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TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division/COMBATIVE SPORTS PROGRAM
P.O. Box 12157 Austin, Texas 78711 (512)463-5101 (800)803-9202 FAX (512)463-1087
E.O. Thompson Building, 920 Colorado, Austin, TX 78701
Email Address: boxing@license.state.tx.us Internet Address: www.license.state.tx.us

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PROFESSIONAL COMBATIVE SPORTS CONTESTANT APPLICATION
(Including Physical Exam & Eye Exam)

Submit $20 application fee (check or money order only) and all medical exams & test results with this application

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TDLR CASHIER WINDOW
AUG 23 2010
RECEIPT# 1
AMOUNT 20.00

PLEASE PRINT CLEARLY

First Name, Middle Name, Last Name (MUST BE LEGAL NAME): ANTONIO MARGAITO

Mailing Address: 1506 S WESTRIDGE 20

City, State, Zip: WEST COVINA CA 91791

Home Phone (323) 899-2727 Social Security # [redacted]

(Foreign Nationals may submit Passport #)

✓ Date of Birth 03/18/78 Place of Birth TORRANCE, CA

(City & State or Country if not U.S. Citizen)

Email Address [redacted]

Event Information: Promoter Name TOP RANK INC Event Date 11-13-2010

By signing this application, I certify that all information is true and correct. I understand that providing false information on this application may result in sanctions up to and including denial or revocation of the license I am requesting, and in the imposition of administrative penalties. I will comply with all applicable provisions of Chapters 51 and 2052, Texas Occupations Code, and 16 Texas Administrative Code, Chapters 60 and 61. I understand that this license is not transferable. If the license is issued, I agree to furnish to the Texas Department of Licensing and Regulation any change in information provided on this form within THIRTY (30) days of the change.

Applicant Signature [signature] Date JUL 27 2010

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APPLICANT NAME (Please print) Antonio Margarito

PROFESSIONAL CONTESTANT'S MEDICAL EXAMINATION - PART 1

TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR ONLY
forms completed by a physician assistant or a nurse practitioner will NOT be accepted

Medical Allergies [redacted]
Are you taking any medication? [redacted] EXPLAIN
Previous Hospitalization(s) or surgery (Give dates) [redacted]

Results of the following blood tests must be attached to this application:
Hepatitis B surface ANTIGEN
Hepatitis C ANTIBODY
HIV ANTIBODY

ALL MEDICAL AND LAB TEST RESULTS MUST BE DATED AND TAKEN NO MORE THAN 30 DAYS BEFORE THE APPLICATION IS SUBMITTED

Answer All Questions Below:

(A) BLEEDING TENDENCIES
(B) DIABETES
(C) HERNIA
(D) HEART DISEASE
(E) SICKLE CELL DISEASE
(F) KIDNEY DISEASE
(G) HEPATITIS
(H) SKIN DISEASE
(I) HEADACHES
(J) JOINT INJURY OR DISLOCATION
(K) CONCUSSION/UNCONSCIOUSNESS
(L) SEIZURES AND CONVULSIONS
(M) ASTHMA
(N) HIGH BLOOD PRESSURE
(O) TUBERCULOSIS
(P) MONONUCLEOSIS
(Q) RHEUMATIC FEVER
(R) COUGH
(S) PSYCHIATRIC PROBLEMS
(T) CONTACT LENSES
(U) NUMBER OF TIMES KO'D
(V) KIDNEY, LUNG, TESTICLE, EYE REMOVED
(circle all requiring a YES response)

[redacted]

Do you have any other information concerning your health, past or present, which is NOT COVERED by the questions above? [redacted]

A PERSON AGE 36 OR OLDER MUST ALSO SUBMIT A FAVORABLE:
EEG (Electroencephalography) AND
EKG (Electrocardiogram)

EXAMINING MD or DO NAME (Please print) [redacted]
MEDICAL LICENSE # [redacted]
(must be licensed in a State, District [redacted] ...tes)
ADDRESS [redacted] CITY [redacted]
STATE [redacted] ZIP [redacted] PHONE NUMBER [redacted]
MD or DO SIGNATURE [redacted] DATE JUL 27 2010
APPLICANT SIGNATURE [redacted] DATE JUL 27 2010

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APPLICANT NAME (Please Print) ANTONIO MARGARITO DOB 3-18-78

PROFESSIONAL CONTESTANT'S MEDICAL EXAMINATION - PART 2

EARS

AUDITORY CANALS — RIGHT [redacted] LEFT [redacted]
DRUMS — RIGHT [redacted] LEFT [redacted]
AUDITORY ACUITY FOR CONVERSATIONAL VOICE — RIGHT [redacted] LEFT [redacted]

NOSE (note deformity, old fractures, deviated septum, other) [redacted]

OROPHARYNX

TONSILS [redacted] GUM [redacted] TEETH [redacted]
TONGUE (record any deviation or tremors) [redacted]
NECK (note masses, pulse, thyroid, carotid, bruits, and limitation of motion) [redacted]

THORAX

LUNGS [redacted]
HEART (size, murmurs, arrhythmia) [redacted]
HEART RATE [redacted] BLOOD PRESSURE (S) [redacted]
PULSE RATE [redacted] IMMEDIATELY AFTER 20 HOPS [redacted]
2 MINUTES AFTER EXERCISE [redacted]

ABDOMEN

NOTE SCARS [redacted]
LIVER, KIDNEY, SPLEEN (enlarged, tender) [redacted]
INGUINAL AREA (tenderness, hernia) [redacted]

SKIN (note staph infection, cyanosis, hair distribution) [redacted]

LYMPHATIC SYSTEM [redacted]

MUSCULOSKELETAL SPINAL SYSTEM (curvature, posture, tenderness, limitation of motion) [redacted]

EXTREMITIES (deformity, tenderness, joint mobility) [redacted]

NEUROLOGICAL

GAIT [redacted] RHOMBERG [redacted]
FINGER TO NOSE [redacted] KNEE JERKS [redacted]
BICEP JERKS [redacted] BABINSKI [redacted]
BRUDZINSKI [redacted] CRANIAL NERVES [redacted]
OTHER NEUROLOGICAL ABNORMALITY [redacted]

180 lbs
5' 9 1/2"

I hereby certify that I have examined ANTONIO MARGARITO
(please print applicant's name)

Date of the exam: 07 (Month) . 27 (Day) 2010 (Year)

I HAVE APPROVED THIS PERSON TO PARTICIPATE IN A COMBATIVE SPORTS EVENT.

MD or DO SIGNATURE [redacted] DATE JUL 27 2010

APPLICANT SIGNATURE [redacted] DATE JUL 27 2010

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[redacted]

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APPLICANT NAME (Please Print) ANTONIO MARGARITO

** OPHTHALMOLOGIC MEDICAL EXAM **

[redacted]

EXAMINATION (normal – N; abnormal - X)	RIGHT EYE	LEFT EYE
VISUAL ACUITY (WITHOUT CORRECTION)	N [redacted]	N [redacted]
	F	F
EXTERIOR EXAM		
ANTERIOR EXAM		
FUNDI		
EXTRAOCULAR MUSCLES		
VISUAL FIELDS (Confrontation)		
TONOMETRY		

EXPLAIN ABNORMAL FINDINGS [redacted]

DIAGNOSIS [redacted]

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I hereby certify that I have examined MARGARITO ANTONIO
(please print applicant's name)

Date of the exam: [redacted] Month / [redacted] Day / [redacted] Year

I HAVE APPROVED THIS PERSON TO PARTICIPATE IN A COMBATIVE SPORTS EVENT.

Ophthalmologist or Optometrist NAME [redacted]
(please print)

LICENSE # [redacted]
(must be licensed in a State, District or Territory of the United States)

ADDRESS [redacted] CITY [redacted]

STATE [redacted] ZIP [redacted] PHONE NUMBER [redacted]

OPHTHAMOLOGIST or OPTOMETRIST SIGNATURE [redacted] DATE [redacted]

APPLICANT SIGNATURE [redacted] DATE 7-27-10

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QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
MARGARITO, ANTONIO

DOB: 03/18/1978 Age: 32
GENDER: M

ID: [redacted]

REPORT STATUS Final

ORDERING PHYSICIAN
[redacted]

CLIENT INFORMATION
[redacted]

SPECIMEN INFORMATION
SPECIMEN: [redacted]
REQUISITION: [redacted]
LAB REF NO:

COLLECTED: [redacted]
RECEIVED: [redacted]
REPORTED: [redacted]

Test Name	In Range	Out of Range	Reference Range	Lab
HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM HEPATITIS B SURFACE ANTIGEN	[redacted]			EN
HEPATITIS C ANTIBODY HEPATITIS C ANTIBODY SIGNAL TO CUT-OFF				EN
HIV AB, HIV 1/2, EIA, WITH REFLEXES HIV 1/2 EIA AB SCREEN				EN

Performing Laboratory Information:
EN [redacted]

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TOP RANK, INC

STATTEX

Date	Invoice Number	Comment	Amount	Discount Amount	Net Amount
8/18/2010	[redacted]	Application fee Margarito	20.00	0.00	20.00

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