



all with 8/26/2010

FBOXER32872

ORG

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

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

Combative Sports

AUG 23 2010

RECEIVED

PLEASE PRINT CLEARLY

First Name, Middle Name, Last Name (MUST BE LEGAL NAME)

ANTONIO MARGARITO

Mailing Address

1506 S WESTRIDGE RD

City, State, Zip

WEST COVINA CA 91791

Home Phone (323) 899-2727

Social Security #

✓ Date of Birth 03/18/78

Place of Birth

TORRANCE, CA

(Foreign Nationals may submit Passport #)

Email Address

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

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

Date JUL 27 2010

RECEIVED

TDLR MAIL ROOM

03

①

AUG 23, 2010

RECEIPT#

AMOUNT

02159751

20.00

APPLICANT NAME (Please print) ANTONIO MARRASITO

PROFESSIONAL CONTESTANT'S MEDICAL EXAMINATION - PART I

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 _____

Are you taking any medication? _____

Previous Hospitalization(s) or surgery (Give dates) _____ **EXPLAIN**

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 REMOVAL
(circle all requiring a YES response)

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

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

EXAMINING MD or DO NAME (Please print) _____

MEDICAL LICENSE # _____

(must be licensed in a State, District, or Territory)

ADDRESS _____

STATE _____

ZIP _____

PHONE NUMBER _____

CITY _____

MD or DO SIGNATURE _____

APPLICANT SIGNATURE _____

DATE _____

DATE _____

JUL 27 2010

JUL 27 2010

TDLR Form BOX001 04-09

RECEIVED	
AUG 23 2010	
02459751	AMOUNT

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

PROFESSIONAL CONTESTANT'S MEDICAL EXAMINATION - PART 2

EARS

AUDITORY CANALS

DRUMS

AUDITORY ACUITY FOR CONVERSATIONAL VOICE

RIGHT
RIGHT
RIGHT

LEFT
LEFT
LEFT

NOSE (note deformity, old fractures, deviated septum, other)

OROPHARYNX

TONSILS

GUM

TEETH

TONGUE (record any deviation or tremors)

NECK (note masses, pulse, thyroid, carotid, bruits, and limitation of motion)

THORAX

LUNGS

HEART (size, murmurs, arrhythmia)

HEART RATE

PULSE RATE

2 MINUTES AFTER EXERCISE

BLOOD PRESSURE (S)

IMMEDIATELY AFTER EXERCISE

ABDOMEN

NOTE SCARS

LIVER, KIDNEY, SPLEEN (enlarged, tender)

INGUINAL AREA (tenderness, hernia)

SKIN (note staph infection, cyanosis, hair distribution)

LYMPHATIC SYSTEM

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

EXTREMITIES (deformity, tenderness, joint mobility)

NEUROLOGICAL

GAIT

FINGER TO NOSE

BICEP JERKS

BRUDZINSKI

OTHER NEUROLOGICAL ABNORMALITY

RHOMBERG

KNEE JERKS

BABINSKI

CRANIAL NERVES

180 lbs
5'12"

RECEIVED
AUG 28 2010
Combative Sports

I hereby certify that I have examined ANTONIO MARGARITO
(please print applicant's name)
Date of the exam: 07 / 27 / 2010
Month Day Year
I HAVE APPROVED THIS PERSON TO PARTICIPATE IN A COMBATIVE SPORTS EVENT.
MD or DO SIGNATURE [Signature] JUL 27 2010
APPLICANT SIGNATURE [Signature] DATE JUL 27 2010

TDLR Form BOX001 04-09

RECEIVED
TDLR MAIL ROOM

AUG 23 2010

02159751 AMOUNT

AUG 23 2010

APPLICANT NAME (Please Print) ANTONIO MARGARITO 3/18/18 Compassive Sports

It is not with diligence must be done by an experienced, competent and experienced person.

LEFT EYE

N
F

N
F

EXPLAIN ABNORMAL FINDINGS

TDLR MAIL ROOM

03

~~AUG 23 2010~~

02159751

AMOUNT	DATE	DESCRIPTION
100.00	1/1/78	Initial deposit
50.00	2/1/78	Withdrawal
75.00	3/1/78	Deposit
25.00	4/1/78	Withdrawal
150.00	5/1/78	Deposit
100.00	6/1/78	Withdrawal
200.00	7/1/78	Deposit
125.00	8/1/78	Withdrawal
175.00	9/1/78	Deposit
100.00	10/1/78	Withdrawal
225.00	11/1/78	Deposit
150.00	12/1/78	Withdrawal
275.00	1/1/79	Deposit
175.00	2/1/79	Withdrawal
300.00	3/1/79	Deposit
200.00	4/1/79	Withdrawal
325.00	5/1/79	Deposit
225.00	6/1/79	Withdrawal
350.00	7/1/79	Deposit
250.00	8/1/79	Withdrawal
375.00	9/1/79	Deposit
275.00	10/1/79	Withdrawal
400.00	11/1/79	Deposit
300.00	12/1/79	Withdrawal
425.00	1/1/80	Deposit
325.00	2/1/80	Withdrawal
450.00	3/1/80	Deposit
350.00	4/1/80	Withdrawal
475.00	5/1/80	Deposit
375.00	6/1/80	Withdrawal
500.00	7/1/80	Deposit
400.00	8/1/80	Withdrawal
525.00	9/1/80	Deposit
425.00	10/1/80	Withdrawal
550.00	11/1/80	Deposit
450.00	12/1/80	Withdrawal
575.00	1/1/81	Deposit
475.00	2/1/81	Withdrawal
600.00	3/1/81	Deposit
500.00	4/1/81	Withdrawal
625.00	5/1/81	Deposit
525.00	6/1/81	Withdrawal
650.00	7/1/81	Deposit
550.00	8/1/81	Withdrawal
675.00	9/1/81	Deposit
575.00	10/1/81	Withdrawal
700.00	11/1/81	Deposit
600.00	12/1/81	Withdrawal
725.00	1/1/82	Deposit
625.00	2/1/82	Withdrawal
750.00	3/1/82	Deposit
650.00	4/1/82	Withdrawal
775.00	5/1/82	Deposit
675.00	6/1/82	Withdrawal
800.00	7/1/82	Deposit
700.00	8/1/82	Withdrawal
825.00	9/1/82	Deposit
725.00	10/1/82	Withdrawal
850.00	11/1/82	Deposit
750.00	12/1/82	Withdrawal
875.00	1/1/83	Deposit
775.00	2/1/83	Withdrawal
900.00	3/1/83	Deposit
800.00	4/1/83	Withdrawal
925.00	5/1/83	Deposit
825.00	6/1/83	Withdrawal
950.00	7/1/83	Deposit
850.00	8/1/83	Withdrawal
975.00	9/1/83	Deposit
875.00	10/1/83	Withdrawal
1000.00	11/1/83	Deposit
900.00	12/1/83	Withdrawal
1025.00	1/1/84	Deposit
925.00	2/1/84	Withdrawal
1050.00	3/1/84	Deposit
950.00	4/1/84	Withdrawal
1075.00	5/1/84	Deposit
975.00	6/1/84	Withdrawal
1100.00	7/1/84	Deposit
1000.00	8/1/84	Withdrawal
1125.00	9/1/84	Deposit
1025.00	10/1/84	Withdrawal
1150.00	11/1/84	Deposit
1050.00	12/1/84	Withdrawal
1175.00	1/1/85	Deposit
1075.00	2/1/85	Withdrawal
1200.00	3/1/85	Deposit
1100.00	4/1/85	Withdrawal
1225.00	5/1/85	Deposit
1125.00	6/1/85	Withdrawal
1250.00	7/1/85	Deposit
1150.00	8/1/85	Withdrawal
1275.00	9/1/85	Deposit
1175.00	10/1/85	Withdrawal
1300.00	11/1/85	Deposit
1200.00	12/1/85	Withdrawal
1325.00	1/1/86	Deposit
1225.00	2/1/86	Withdrawal
1350.00	3/1/86	Deposit
1250.00	4/1/86	Withdrawal
1375.00	5/1/86	Deposit
1275.00	6/1/86	Withdrawal
1400.00	7/1/86	Deposit
1300.00	8/1/86	Withdrawal

MARGARITO ANTONIO

(please print applicant's name)

三、

22

Yuzuf

Ophthalmologist or Optometrist NAME

(please print)

LICENSE #

(Must be licensed in a State, District or Territory of the United States)

ADDRESS

STATE [REDACTED] ZIP [REDACTED]

PHONE NUMBER

cm

OPHTHAMOLOGIST or
OPTOMETRIST SIGNATURE

DATE _____

APPLICANT SIGNATURE

DATE 7-27-73

QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
MARGARITO, ANTONIO

REPORT STATUS Final

SPECIMEN INFORMATION

SPECIMEN: [REDACTED]
REQUISITION: [REDACTED]
LAB REF NO: [REDACTED]

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

ID: [REDACTED]

ORDERING PHYSICIAN
[REDACTED]

CLIENT INFORMATION
[REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]
REPORTED: [REDACTED]

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

Performing Laboratory Information:

EN [REDACTED]

RECEIVED	
TDLR MAIL ROOM 03	
AUG 23 2010	
02159751	AMOUNT

RECEIVED
AUG 23 2010
Combative Sports

MARGARITO, ANTONIO - EN034959A