

PRE-FIGHT MEDICAL QUESTIONNAIRE

Contestant's Name EMMANUEL D. PACQUIAO Age 36

Yes () No (X) Have you had an MRI/MRA or CT scan of the head for any reason other than state licensing? If yes, explain _____

Yes () No (X) Have you ever had any eye problems, surgery (Lasik, PRK), or special examinations? If yes, explain _____

Yes () No (X) Have you had any eye problems or eye issues since your annual exam was done? If yes, explain _____

Yes () No (X) Do you have any serious medical illnesses, diseases, conditions, or allergies of any kind? If yes, explain _____

Yes () No (X) Have you had any broken bones in last 6 months? If yes, explain _____

Yes () No (X) Have you had any injury to your shoulders, elbows, or hands that needed evaluation or examination? If yes, explain _____

Yes () No (X) Have you had any injury to your knees, ankles, or feet that needed evaluation or examination? If yes, explain _____

Yes () No (X) Have you had any lacerations or cuts that required sutures or glue in the last 3 months? If yes, explain _____

Yes () No (X) Have you had any surgeries? If yes, explain _____

Yes (X) No () Have you taken or received any medication, drug, cream, inhalant, or injection, whether prescription, over-the-counter, from anyone or anyplace, in the last month? If yes, explain lidocaine, bupivacaine, Celestone, RSI, Toradol

Yes () No (X) Have you taken or received any nutritional supplement or vitamin in the last month? If yes, explain _____

Yes () No (X) Have you taken or received any medication, drug, supplement, cream, inhalant, or pill to help you lose weight or cut water for this bout? If yes, explain _____

Yes () No (X) Have you suffered a KO, TKO, or any kind of loss of consciousness in the last 6 months during a bout, sparring, or any other activity? If yes, explain _____

What was your weight 2 weeks ago? 145 What was your weight 1 week ago? 146

When was your last bout, and what was the result of that bout? 11-23-14 W UD12

I hereby swear, under penalty of perjury, that the above information is true and correct to the best of my knowledge.

[Signature]
Contestant's signature

[Signature]
Second's signature and name

NSAC Physician conducting this Evaluation: [Signature] on 5/1, 2015