

Annual Medical Certificate

Boxer		
Full Name:		
Date of Birth:		
Signature:	Date:	
If Boxer under 18 years of age they will require Parent / Guardian details and Parent / Guardian signature implies consent to participate:		
Parent/Guardian Full Name:		
Contact No:		
Signature:	Date:	

Doctor		
Full Name:		
Title Position:		
Address:		
Signature:	Date:	
Stamp		
Comments		
<input type="checkbox"/> Fit to Box <input type="checkbox"/> Not Fit to Box		

QUESTION FOR ATHLETE: IF YES, EXPLAIN

1. Is a Doctor currently treating you for anything?
2. Have you ever been unconscious or had a concussion?
3. Have you been hit hard in the head in the last 6 weeks?
4. Have you had any headache in the last 2 weeks?
5. Do you have any problem with bleeding?
6. Do you have a history of hepatitis B or hepatitis C or HIV infection?
7. Does any disease run in your family? Sudden unexpected deaths?
8. Have you had any surgery?
9. Have you ever had to stay in a hospital?
10. Do you have any medical condition?

MEDICAL CERTIFICATE		ABNORMALITIES		
If Athlete had a Concussion in the past year, please certify that:	Medical Examination following rest period after Concussion was normal Athlete Fit To Box	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardio Vascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopaedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted?

No

Yes (If yes, please explain)