



# Boxer Pre Bout Medical Check



Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
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Contact #:	DOB:	Age:
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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:
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Contact No:	Address:
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ANSWER QUESTIONS	Circle Answer	
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- Have you ever been admitted to Hospital in the past 12 months?	Yes	No
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- Have you had medical treatment for anything in the last 3 months?	Yes	No
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Have you suffered from any of the following?		
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- Any eye disorders or operations (including laser eye surgery)?	Yes	No
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- Any broken bones or cuts needing treatment in the previous 6 months?	Yes	No
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- Epilepsy or any other type of fit, faint, convulsion or black-out?	Yes	No
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How are you leading into this event?		
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- Are you taking any medication now?	Yes	No
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- After your last bout, were you medically suspended for any reason?	Yes	No
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- Do you presently have a cough, cold or runny nose?	Yes	No
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- Have you been unwell in the last month?	Yes	No
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- When did you last box?	Date:	
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- Were you injured at that time?	Yes	No
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- Do you understand the sport-specific medical risks of boxing?	Yes	No
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- Woman Only - can you confirm you are <b>not</b> pregnant?	Yes	No
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Boxer's Signature:	Date:
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If under 18 years old, Parent/Guardian's consent to Participate - Signature:	Date:
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DOCTOR'S EXAMINATION NOTES	General:
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Hands:	
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Ear Nose Throat (including gum shield fit etc):	Eyes:
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CONFIRMED FIT TO BOX:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Doctor's Signature:	Doctor's Name:
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Date:
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