



Boxing Boxer's Medical Certificate



Athlete	
Name	
Date of birth (dd/mm/yyyy)	
Gender (tick one)	<input type="checkbox"/> Male <input type="checkbox"/> Female
NOC name/code	
Signature	
Date of signature (dd/mm/yyyy)	
Athletes – please answer all the questions on page 2	

Doctor	
Name	
Title/position	
Address	
Stamp (if any)	
Signature	
Date of signature (dd/mm/yyyy)	
Comments (if any)	
Athlete's fitness to box (tick one)	<input type="checkbox"/> Athlete is fit to box <input type="checkbox"/> Athlete is NOT fit to box
Doctors – please complete the medical certificate table on page 3	



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Questions for Athletes

Question	Yes/No	If yes, please explain
Is a doctor currently treating you for anything?	Y / N	
Have you ever been unconscious or had a concussion?	Y / N	
Have you been hit hard in the head in the last six (6) weeks?	Y / N	
Have you had any headaches in the last two (2) weeks?	Y / N	
Do you have any problems with bleeding?	Y / N	
Do you have a history of hepatitis B, hepatitis C or HIV infection?	Y / N	
Does any disease run in your family, or does your family have a history of sudden unexpected deaths?	Y / N	
Have you ever had any surgery?	Y / N	
Have you ever had to stay in a hospital?	Y / N	
Do you have any medical conditions?	Y / N	



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Questions for Doctors

Medical information		Normal/Abnormal	Please detail abnormalities below
If the athlete had a concussion in the past year, please certify:	<ul style="list-style-type: none"> Medical exam following rest period after concussion was normal Athlete was fit to box 	Normal / Abnormal	
General medical examination	List abnormalities not covered in specific system exams below	Normal / Abnormal	
Mental status/psychological	Brief survey	Normal / Abnormal	
Head	Cranial nerves, eyes, pupil size & 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	
Cardiovascular system	Pulse/blood pressure (record)	Normal / Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal / Abnormal	
Orthopaedic system	Upper limbs: shoulder, wrist, hand, fingers	Normal / Abnormal	
	Lower limbs: foot, ankle, knee, hip	Normal / Abnormal	
Neurological system	Reflexes	Normal / Abnormal	
	Verbal responses	Normal / Abnormal	
	Motor responses & balance	Normal / Abnormal	
Allergies	(record)	Normal / Abnormal	
	Type of reaction (record)	Normal / Abnormal	
Medications used	Name & dosage (record)	Normal / Abnormal	

Therapeutic Use Exemptions (TUEs)		Please list TUEs below
Has the athlete submitted any TUEs?	Y / N	