

Boxer's Medical Certificate

Pursuant to the recommendation of the Executive Board of the International Olympic Committee (IOC) dated 24 June 2022, the IOC Executive Board has created the Paris 2024 Boxing Unit with the mandate to organise and ensure the delivery of the Olympic Boxing Qualifying Tournaments and the Boxing Competition at the Olympic Games Paris 2024.

To this extent, the IOC is a controller of the personal data submitted on this Boxer's Medical Certificate. The IOC has a legitimate interest in processing your personal data, in accordance with applicable data protection laws, for the purposes of athletes' medical clearance, to enable you to participate in each Tournament. The provision of the information requested below is mandatory before each Tournament. Failure to provide this information will mean that you cannot participate in the Tournament.

The IOC's processing of data will predominantly take place within Switzerland, where the IOC headquarters are located, or the European Union.

Your personal data will not be kept after a period of four (4) years following the end of the Tournament, except if specific circumstances justify keeping your data longer (e.g. in case of disputes or health concerns arising after the Tournament). You have the right to request access, rectification, erasure, restriction of processing, objection to processing and to portability of your personal data. Your rights may be limited in some circumstances. You may contact the IOC to exercise your rights, or for any questions regarding privacy, through [the IOC's dedicated portal](#). You also have a right to complain to a relevant data protection authority. This may be the Swiss Federal Data Protection and Information Commissioner or, for EU residents, the Agencia Española de Protección de Datos.

By signing this Medical Certificate, you confirm that you have read and understood the abovementioned information and accept its content. You also consent to the disclosure of your health information to the IOC by the doctor signing this Medical Certificate.

Boxer's Medical Certificate

Athlete	
Name	
Date of birth (dd/mm/yyyy)	
Gender (tick one)	Male <input type="checkbox"/> Female <input type="checkbox"/>
National Olympic Committee (NOC) name/code	
Signature	
Date of signature (dd/mm/yyyy)	
Athletes – please answer all the questions on page 3	

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 4	

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	

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 is 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	