

## 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)                                       |   |
| <a href="#">Athletes – please answer all the questions on page 2</a> |   |

| 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<br><input type="checkbox"/> Athlete is <b>NOT</b> fit to box |
| <a href="#">Doctors – please complete the medical certificate table on page 3</a> |   |



## Boxer's Medical Certificate

### Questions for Athletes

| <b>Question</b>  | <b>Yes/No</b> | <b>If yes, please explain</b> |
|--|---------------|-------------------------------|
| 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         |                               |



# Boxer's Medical Certificate

## 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"> <li>Medical exam following rest period after concussion was normal</li> <li>Athlete was fit to box</li> </ul> | 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 |                        |