

# Medical Rules for the Olympic Boxing Qualifying Tournaments and the Boxing Competition at the Olympic Games Paris 2024

Version 1.0

## 1. Introduction

### 1.1. Paris 2024 Boxing Unit

Following the suspension of the Olympic recognition of the International Boxing Association (IBA) by the International Olympic Committee (IOC) Session in June 2019, and the announcement by the IOC in June 2022 that the IBA will not run the Olympic Boxing Qualifying Tournaments and the Boxing Competition at the Olympic Games Paris 2024, the IOC Executive Board decided to create an ad-hoc unit, named 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.

### 1.2. Medical Rules

The set of rules found herein comprises the medical rules to be followed in the Olympic Boxing Qualifying Tournaments and the Boxing Competition at the Olympic Games Paris 2024. It is a constituent part of the Paris 2024 Boxing Event Regulations.

## 2. Paris 2024 Boxing Unit Medical Officers

### 2.1. Chief Medical Officer (CMO)

The Olympic Boxing Qualifying Tournaments and the Boxing Competition at the Olympic Games Paris 2024 shall have their medical processes and procedures overseen by the Paris 2024 Boxing Unit Chief Medical Officer (CMO). Such function is attributed by the Paris 2024 Boxing Unit to a medical practitioner with extensive proven knowledge in sports science and particularly the sport of boxing.

#### 2.1.1. Duties of the CMO:

##### 2.1.1.1. General duties:

- To guide, lead and make final decisions on all medical aspects of the Olympic Boxing Qualifying Tournaments and the Boxing Competition at the Olympic Games Paris 2024.
- To lead all Ringside Doctors (see Rule 2.2) throughout each Tournament.
- In the absence of the Paris 2024 Boxing Unit CMO at any time during a Tournament, to appoint a Ringside Doctor to assume the duties of the CMO on an ad-hoc basis.

##### 2.1.1.2. Before each Tournament:

- To review the local event medical plans with a representative of the Local Organising Committee (LOC), preferably the LOC Chief Medical Officer, to ensure that they meet acceptable standards, and that obligatory medications and equipment are available and functioning (see Rule 3).
- To enquire about the qualifications and competency skills of doctors, nurses and paramedics.
- To ensure that ambulances are of an acceptable standard, and to request that ambulances must be present at the venue one (1) hour before the start of the first Bout and must remain until all Boxers have left the venue.
- To ensure that the LOC has made suitable arrangements with a hospital to receive injured Boxers.
- To inspect the area designated for pre-Bout physical examinations, and to ensure that there is adequate light for examinations, adequate ventilation, a comfortable temperature, adequate security, and sufficient tables and chairs for doctors to examine Boxers.
- To prepare a roster for Ringside Doctors to conduct pre-Bout physical examinations at the Daily Weigh-Ins.
- To plan the location of the Emergency Medical Team (EMT) support personnel with respect to the Field of Play, ensuring the lead EMT has a clear view of the ring.
- To organise and conduct physical examinations of the Referees and Judges before each Tournament starts to ensure that they are medically fit to officiate; and to report to the Technical Delegate the clear and objective reason for disqualification if any Referee or Judge is deemed unfit to officiate.
- To inspect the medical equipment at ringside, in the treatment room and in ambulances dedicated to the Tournament.
- To inspect venue evacuation routes and procedures, ensuring that:
  - There are no obstructions between the ring and the ambulance(s).
  - Rehearsal evacuation procedures with local medical and paramedic staff are executed.
  - The planned location of the EMT support personnel is respected.
  - “Call for assistance” signals for calling the EMT on to the Field of Play are reviewed and confirmed.
  - Security services are briefed to provide crowd control and secure the evacuation route(s) in case of an emergency evacuation.
- To ensure that the Ringside Doctors’ table is properly placed in the neutral corner and equipped accordingly.
- To attend the Boxing Entries Check before the start of Competition, and to check the Boxers’ Record Books to ensure that no Boxer is under suspension and that all necessary medical documentation is provided accordingly.

## 2. Paris 2024 Boxing Unit Medical Officers *continued*

### 2.1.1.3. During each Tournament:

- To meet with the local event doctor and EMT before the start of the first Bout on each Competition day to confirm the location of the EMT team near the Field of Play and confirm “call for assistance” signals.
- To rehearse a ring retrieval before the start of each Competition day.
- To check that the ambulance(s) is/are in place 60 minutes before the start of the first Bout.
- To check that ringside refuse has been removed and that new refuse bags are available.
- To check that the Competition area has been cleaned of blood.
- To delegate work assignments and schedules for the Ringside Doctors before the first Bout.
- To collect injury data during all Bouts.

### 2.1.1.4. At the end of each Competition day:

- To consult with the Ringside Doctor and local Doctors and confirm that post-Bout examinations were properly conducted.
- To collect all Medical Bout Reports/injury registration documents (with Boxer’s name, weight, nationality), what injuries they received and what treatment was initiated.
- To send a daily report to the Technical Delegate containing the number of cuts, concussions, hospitalisations and anything else of medical note.

### 2.1.1.5. After each Tournament:

After the last day of Competition, the CMO must complete and provide a medical report on the Tournament. The medical report must include the name, the location, the number of days of the Competition, the total number of Boxers who participated, and recommendations with respect to safety, Competition conditions and/or medical concerns. All injuries identified during the Tournament must be fully catalogued and included in the final report.

## 2.2. Ringside Doctors

Ringside Doctors are appointed to officiate and execute medical services at a sporting level at the Olympic Boxing Qualifying Tournaments and the Boxing Competition at the Olympic Games Paris 2024. For Events with two (2) rings, a minimum of four (4) Ringside Doctors must be present. For Events with one (1) ring, a minimum of three (3) doctors must be present.

All appointments of Ringside Doctors for the Olympic Boxing Qualifying Tournaments and the Boxing Competition at the Olympic Games Paris 2024 must follow the Paris 2024 Boxing Unit Technical Officials Selection Process.

Ringside Doctors must conduct morning pre-Bout medicals as required, function as the medical officer of Bouts, conduct Post-Bout examinations and facilitate the work of Doping Control. On the day of an Event, at the Daily Weigh-Ins, the Ringside Doctors, along with local doctors, conduct Medical Examinations of the Boxers to ensure they are not serving a medical-related suspension and that each Boxer is “fit to box”.

### 2.2.1. Duties of Ringside Doctors:

- To participate at the Boxing Entries Check when requested.
- To participate at the pre-Bout Medical Examinations at the Daily Weigh-Ins.
- To assume medical duties at ringside during Competition according to the procedures found herein.
- To complete all injury registration documents.
- To conduct post-Bout examinations.
- To follow the instructions of the CMO.
- To carry out treatment room evaluations.

## 2. Paris 2024 Boxing Unit Medical Officers *continued*

### 2.2.2. Field of Play operations for Ringside Doctors:

#### 2.2.2.1. Neutral corner evaluation of a Boxer:

When requested by the Referee, the Ringside Doctor must quickly climb the steps to the neutral corner (apron) but not enter the ring. The Ringside Doctor will be asked by the Referee to evaluate a Boxer and is expected to inform the Referee if the Boxer is fit or unfit to continue the Bout. The Ringside Doctor has approximately one (1) minute to make a decision. The Ringside Doctor is usually asked to examine the Boxer for one (1) of four (4) conditions

- A cut
- A nosebleed
- Unsteadiness and/or disorientation after a blow to the head
- Any other injury (e.g. shoulder, knee, ankle, rib, etc)

#### 2.2.2.1.1. Entering the ring:

- The Ringside Doctor should bring medical gloves, clean gauze pads and a penlight on to the ring apron.
- Only the Ringside Doctor and the Referee will be allowed in the ring with the injured Boxer unless the Ringside Doctor requests assistance from another Ringside Doctor or from the EMT.
- A Ringside Doctor may, at his/her own discretion, indicate to the Referee or the Technical Delegate that he/she would like to examine a Boxer between rounds; the Referee or Technical Delegate will then signal "Stop" at the beginning of the next round and the Boxer will be escorted to the Ringside Doctor for evaluation.
- If there is a risk of serious injury to a Boxer, the evaluating Ringside Doctor must notify the Technical Delegate to terminate the Bout and this decision must take precedence over all other considerations.
- The Ringside Doctor must not be persuaded by Seconds and must perform an independent evaluation of the Boxer.

### 2.2.3. Equipment to be brought to an Event by Ringside Doctors:

- Penlight
- Blood pressure cuff
- Stethoscope
- Thermometer
- Oto-ophthalmoscope

### 2.2.4. Additional conducts and actions required from Ringside Doctors:

- To continuously follow the action in the ring.
- To quickly recognise serious injuries and conditions.
- To evaluate all cut Boxers as they leave the ring, registering the length, depth and location of cuts.
- To remain at the venue until the last Boxer has finished his/her post-Bout medical evaluations and has received any necessary medical recommendations or management plans before leaving the arena.
- To enter restriction period data in the Boxer's Record Book, when applicable.

### 3. Medical Equipment, Medications and Facilities

#### 3.1. Medications to be supplied by the LOC and made available at the Field of Play

The following injectable medications must be available at ringside – but must be in the control of the local doctor and administered by the local doctor if necessary.

- Adrenaline – 1mg/ml (1:1000)
- Diazepam or buccal midazolam
- Morphine
- Anti-emetic
- Glucose 50 mg/ml infusion bag
- IV saline
- Inhaled salbutamol

#### 3.2. Medical equipment to be supplied by the LOC

##### 3.2.1. Ringside:

- Stretcher
- Oxygen tanks with connecting tubes and masks
- Cervical collar
- Oro-pharyngeal airway
- Clean disposable gloves
- Swabs
- Gauze
- Penlights
- Defibrillator
- Scoop stretcher or spinal board

##### 3.2.2. Medical Room:

- Sufficient area to examine and treat Boxers
- Examination table with appropriate light to allow the doctor to see and treat injuries
- Adequate equipment and medication for any necessary interventions, including venous cannulas, infusion sets, wound cleansing equipment, plasters, swabs, wound glue, suture equipment

#### 3.3. Ambulances

- Ambulance services are to be supplied by the LOC.
- At Competitions with one (1) ring, a minimum of one (1) ambulance must be present at all times.
- At Competitions with two (2) rings, a minimum of two (2) ambulances must be present at all times.
- The ambulance(s) must arrive 60 minutes before the start of the first Bout.
- The ambulance(s) may only leave the venue after the last Boxer has left the venue.
- There must be clear pathway between the Field of Play and the ambulance(s) which, in turn, must be as near as possible to the Field of Play (i.e. there must be parking space(s) for the ambulance(s) just outside the Event hall).

## 4. Pre-Bout Medical Examinations

### 4.1. Pre-Bout Medical Examinations

The purpose of pre-Bout Medical Examinations is to ensure that Boxers are fully capable of boxing in their respective weight categories. These Medical Examinations occur before Boxers' weighing-in at the Daily Weigh-ins.

At least one (1) Ringside Doctor must be present at all pre-Bout Medical Examinations, and one (1) Ringside Doctor must be appointed as being in charge of the procedure. If local doctors are participating, the Ringside Doctor must instruct them of the content of this examination.

The Medical Examination includes the following actions:

- Evaluate Boxers' gait while approaching the Ringside Doctor: look for limping, balance problems.
- Ask if the Boxer has any problems and examine if necessary.
- Inspect the face and head for cuts and bruises.
- Palpate the face for fractures – periorbital, nasal, maxillary, mandibular zones.
- Check pupils: conduct pupillary light reflex, exclude nystagmus.
- Conduct ophthalmoscopy for chamber haemorrhage and retinal tears.
- Inspect the throat for tonsillar hypertrophy and pharyngeal inflammation.
- Check passive and active neck and back movements.
- Test active movements of shoulders, elbows, hips, knees and ankles.
- Inspect and palpate hands.
- Measure blood pressure and auscultate heart for murmurs (first Daily Weigh-In only).
- Auscultate lungs (first Daily Weigh-In only).
- Check ribs for fractures.
- Palpate the abdomen for tenderness, splenomegaly, hepatomegaly.
- Inspect skin for potentially contagious herpes and bacterial infections.

In the pre-Bout Medical Examinations:

- Boxer identifies himself/herself – the doctor checks the Boxer's Record Book name and photo with the Boxer's face and accreditation card.
- All identified changes from previous examinations must be recorded.
- The examining doctor review the Boxer's Record Book for any relevant information such as probation periods
- Only the Ringside Doctor in charge of the daily pre-Bout Medical Examination may declare a Boxer "unfit to box"; if a Boxer has been declared "unfit to box", this Boxer's Record Book must be brought to the Technical Delegate for the relevant consequences.
- The Ringside Doctor in charge of the daily pre-Bout Medical Examination must register all new cuts and report them to the CMO, who can inform the Ringside Doctors, thus raising their awareness during Bouts.

### 4.2. Boxer with a cut at the daily pre-Bout Medical Examination

Boxers may not box with open cuts. Cuts must be closed by subcuticular sutures, glue, strips or a combination of these. Sutures may be subcuticular (or buried); visible sutures are not allowed. A facial cut may be covered using strips or a liquid or spray plaster.

### 4.3. Pregnant Boxers

Women may not box if they are pregnant. They must attest they are not pregnant by completing and signing the Declaration of Non-Pregnancy Form, which must be submitted electronically before each tournament and must be confirmed at the Boxing Entries Check.

## 4. Pre-Bout Medical Examinations *continued*

### 4.4. Disqualification at a Competition

The Ringside Doctor in charge of the pre-Bout Medical Examination may declare a Boxer unfit to box if:

- The Boxer has any acute injury (e.g. serious cuts) or illness that would endanger that Boxer, their opponent and/or the Technical Officials.
- Findings and/or disclosed history show one or more of the following conditions:
  - Exposed open infected skin lesions
  - Severe chronic infections
  - History of hepatitis B, hepatitis C or HIV infection
  - Recent surgery
  - Unresolved post-concussion symptoms, which will need clearance from a neurologist
  - Significant psychiatric disturbances or drug abuse
  - Hepatomegaly, splenomegaly, ascites
  - Uncontrolled diabetes mellitus
  - Pregnancy

Note: Boxers suffering from epilepsy and on medication can box with approval from a neurologist.

If not on medication, Boxers with epilepsy can box if fit free for three (3) years.

## 5. Injuries and Medical Evaluations

### 5.1. Treatment of a bleeding cut during a Bout

The Ringside Doctor is expected to inspect a cut and to apply simple local treatment while working at ringside on a Bout. This intervention should take no longer than one (1) minute.

When evaluating a cut, the Ringside Doctor must consider:

- The length, depth (abrasion, epidermal, dermal, sub-dermal) and position of the cut.
- Whether the bleeding affects the Boxer's vision.
- Whether the cut is unacceptably big or bleeding profusely.
- Whether the cut is in a position of concern.

Whenever a cut requires treatment, the Ringside Doctor should clean the wound with a swab, apply a dab of 1:1000 adrenaline mixed in a new swab, then apply digital pressure over the swab for wound for 30 seconds. They should then remove the swab, evaluate the amount of bleeding and, if acceptable, place some non-petroleum jelly (potentially mixed with adrenaline) over the wound.

Whenever using adrenaline (Epinephrine), 1:1000 should be used.

#### 5.1.1. Suture techniques:

When a Boxer's cut needs to be sutured after a Bout, it is important that the suturing doctor is aware of the type of sutures that are acceptable (i.e. subcuticular or buried sutures) if the Boxer is to continue in the Competition. Visible sutures are not allowed in Competition.

### 5.2. Nosebleeds

As a general rule, a Boxer can continue boxing with a nosebleed unless there is one of the following conditions:

- Arterial bleed from the nose
- Excessive venous bleeding
- Septum hematoma
- Naso-ophthalmo-ethmoidal fracture
- Extreme pain from a fracture
- Posterior nasal bleeding with blood in the oropharynx

#### 5.2.1. Management of nosebleeds:

If there is an arterial bleed (blood spurting out of the nose), then the Bout must be stopped. With a venous bleed, compress both nares and observe if the Boxer winces with pain. If so, there is probably a fracture present and the Boxer should be removed from the ring for further examination at the Medical Room.

#### 5.2.2. Septum hematomas:

After receiving a blow to the nose, a Boxer may develop a septal hematoma. A hematoma may develop between the cartilaginous septum and the perichondrium/mucous plate. If allowed to develop, pressure from the hematoma may compress blood vessels leading to cartilage necrosis and saddle deformity of the nose. As well as being disfiguring, this lesion may affect nasal respiration by obstructing the nose. A septal hematoma is an ENT emergence and should be referred immediately for surgical treatment.

#### 5.2.3. Naso-fractures:

If a Boxer has a nasal fracture identified during a Bout, the Bout must be stopped

### 5.3. Concussions and head blows

A Referee should stop a Bout if the Boxer is demonstrating signs of altered consciousness. See Rule 6.



## 6. Management of a “Down Boxer” in the Ring

### 6.1. Management of a “Down Boxer” in the Ring

The Referee must always call the Ringside Doctor into the ring if there has been a Knockout (KO) or serious injury to a Boxer. The Ringside Doctor should enter the Ring from the neutral corner as soon as possible and go straight to the fallen Boxer.

### 6.2. Unresponsive Boxers without spontaneous respiration (non-convulsing)

If a Boxer has fallen to the floor, it is the responsibility of the Ringside Doctor to:

- Enter the Ring.
- Remove the mouth guard if loose.
- Perform an observed finger sweep if there is sign of broken teeth or foreign body, if the Boxer is not breathing spontaneously.
  - If the Boxer is still not breathing spontaneously, perform a chin lift.
  - If the Boxer is still not breathing spontaneously, insert oro-pharyngeal tube and initiate CPR.

### 6.3. Unresponsive Boxers with spontaneous respiration (non-convulsing)

If a Boxer has fallen to the floor ground, it is the responsibility of the Ringside Doctor to:

- Remove the mouth guard if loose (open head guard strap).
- Evaluate responsiveness quickly – AVPU, check pupils.
- Clear airways, observed and careful finger sweep of broken teeth.
- If the Boxer is not able to hold mouth open, perform a chin lift/jaw thrust.
- Apply inline cervical protection.
- Apply log roll into recovery position.
- Apply O<sub>2</sub> via mask (2 L).
- Once support staff arrive, roll the Boxer back onto a scoop stretcher then into a basket stretcher or backboard and transfer the Boxer from ring.

### 6.4. Convulsing Boxers

Post-traumatic convulsions usually occur within two (2) seconds of impact and can last for some seconds to several minutes. Convulsions that last several minutes should cause more concern. If approaching five (5) minutes, sedatives must be administered – usually 5mg diazepam intravenously per minute until the seizure stops (10–20 mgs usually suffices) or buccal midazolam 5mg.

Once the Boxer recovers, check their pupil diameters and pupillary light reflexes. The Boxer may leave the ring with support and must then undergo an examination in the Venue Medical Room before being sent to hospital for further examination.

All Boxers who have received a head blow and who later get a convulsion must be sent to a neurological unit for further examination.

## 6. Management of a “Down Boxer” in the Ring *continued*

### 6.5. Removing seriously injured Boxers from the Ring

It is the duty of the Ringside Doctor to perform any necessary lifesaving treatment in the ring.

If the patient is stable, then:

- Secure and immobilise the patient before transporting them out of the ring directly to the ambulance.
- Repeat a full primary survey in the ambulance before departing.
- Ensure that an IV line has been inserted.

If a spinal injury is suspected, then extra attention must be given to spinal immobilisation. If the patient is unconscious, the Ringside Doctor should ask the coach, trainer, teammates or bystanders if they have any relevant information before leaving the venue.

If a Boxer is unable to walk from the ring, then assistance should be offered or the Boxer should be carried from the Field of Play. Boxers will usually decide themselves if they are incapable of walking from the Field of Play unassisted, but they should be encouraged to lie down and await stretchering if there is the potential for serious injury or lower extremity fracture.

### 6.6. Knockout (KO) or Referee Stops Contest–Injury (RCS-I)

All Boxers who have lost by KO or RSC-I must report to the Venue Medical Room for a Medical Examination unless they have been transferred to hospital. The Ringside Doctor will decide if a SCAT5 evaluation is necessary.

### 6.7. Evaluating a head injury

All Boxers who have suffered a potentially serious head blow after a KO or RCS-I, or who have received multiple head blows during a Bout, must be examined in the Venue Medical Room after leaving the Field of Play. The Ringside Doctor or local doctor will conduct an immediate head Injury evaluation and, if OK, a concussion evaluation (it is often better to wait 30 minutes after the head injury evaluation before conducting a concussion evaluation as many findings may be delayed). In such cases, a SCAT5 card must be completed. See Rule 5.3.

The Ringside Doctor must note an appropriate restriction period in the Boxer’s Record Book and whether medical clearance is needed to return to box.

### 6.8. Sending a Boxer to hospital

If a Boxer is sent to hospital, the Ringside Doctor must register the name of that hospital. If a local doctor accompanies the Boxer, the Ringside Doctor must register the name and telephone number of that doctor.

## 7. Post-Bout Medical Examinations

### 7.1. Post-Bout Medical Examinations

The post-Bout Medical Examination is one of the Ringside Doctor's most important tasks and must be carried out on all Boxers after the Bout.

When two uninjured Boxers leave the Field of Play, it is sufficient that the Ringside Doctor enquires if the Boxers have any complaints or injuries, and, if so, to examine that Boxer.

All Boxers who have lost a Bout due to a KO or an RCS-I due to head blows, and all Boxers who have received multiple head blows, must be directed to the Venue Medical Room and examined by a Doctor. See Rule 6.

This examination must include:

- Head injury assessment – immediately on arrival at the Venue Medical Room
- Cervical spine injury assessment
- Concussion evaluation – approximately 20–30 minutes after the head injury assessment
- Other relevant examination(s)

The Ringside Doctor must specify the appropriate minimum restriction period for which a Boxer must be removed from Competition (see Rule 7.3) and must enter this restriction period into the Boxer's Record Book.

### 7.2. Post-Bout Medical Examinations

The indicated evaluation is the SCAT5.

The Maddocks questions are not appropriate for Boxing. The Paris 2024 Boxing Unit has replaced these questions with the following modified Maddocks questions:

- What is your name?
- Where are you?
- What day of the week and what year is it?
- What is your opponent's name?
- Was the Bout stopped? If so, in what round?

Ringside or local Doctors must:

- Complete a SCAT5 card correctly.
- Take a copy.
- Give the Boxer information on their symptoms and when to contact a doctor should symptoms worsen.

## 7. Post-Bout Medical Examinations *continued*

### 7.3. Suspension Periods

A Suspension Period is a period of time in which a Boxer is not allowed to train, spar or box in Competition. Suspension Periods are enforced to protect the Boxer's own health.

All Boxers who have received a Suspension Period must be examined by a doctor before returning to boxing and must have completed an accepted return-to-play (RTP) protocol.

- 7.3.1.** Single occurrence of KO or RSC-I (with or without a loss of consciousness):  
If a Boxer suffers a KO as a result of a blow/blows to the head, or if the Bout is stopped by the Referee because the Boxer has received heavy blows to the head, then the Boxer may not take part in boxing or sparring for a period of no less than 30 days. The Boxer must follow approved RTP protocols (refer to the Berlin Concussion in Sport Group Consensus Statement).
- 7.3.2.** Double occurrence of KO or Technical Knockout (TKO):  
If during a period of three (3) months a Boxer twice loses a Bout due to KO or RSC-I due to a head blow (with or without loss of consciousness), then the Boxer may not take part in boxing or sparring for a minimum period of 30 days after the second occurrence. The Boxer must follow approved RTP protocols (refer to the Berlin Concussion in Sport Group Consensus Statement).
- 7.3.3.** Triple occurrence of KO or TKO:  
If during a period of 12 months the Boxer suffers three (3) KOs (with or without loss of consciousness), or if three (3) Bouts are stopped by the Referee due to the Boxer having received heavy blows to the head, then the Boxer may not take part in boxing or sparring for a period of one (1) year after the third occurrence. Any combination of KOs or RSC-I head injuries that equals three (3) under these circumstances qualifies for a one-year suspension. The Boxer must follow approved RTP protocols (refer to the Berlin Concussion in Sport Group Consensus Statement)

## 8. Medical Eligibility Conditions for Boxing

Evidence of or disclosed history of the following conditions in an annual examination is deemed sufficient for a Boxer to be considered “unfit to box”:

- Severe chronic infections
- Severe blood dyscrasias e.g. sickle cell disease
- History of HIV infection, active hepatitis or potentially transmittable hepatitis
- Retinal detachment
- Myopia of more than -5.0 diopters
- Recorded visual acuity in each eye of:
  - Uncorrected worse than 20/200 and corrected worse than 20/50
- Exposed open infected skin lesions
- Significant congenital or acquired cardiovascular, pulmonary or musculoskeletal deficiencies or abnormalities
- Unresolved post-concussion symptoms, which will need clearance from a neurologist
- Significant psychiatric disturbances or drug abuse
- Significant congenital or acquired intracranial mass lesions or bleeding
- Any seizure activity within the last three (3) years
- Hepatomegaly, splenomegaly, ascites
- Uncontrolled diabetes mellitus or uncontrolled thyroid disease
- Pregnancy
- Any implantable device which can alter any physiologic process
- A person who has had intraocular or laser surgery needs a letter from an eye specialist stating that he/she is fit to box

## 9. General Rules

Proper hygiene is an important topic and essential in preventing the transmission of diseases. These regulations are important for Ringside Doctors, Boxers, Coaches, Referees & Judges

### 9.1. Disposable gloves

Disposable gloves must be worn when examining an injured Boxer. For this reason, Coaches, Referees and Doctors must use clean gauze and disposable gloves when examining cuts or abrasions. The used gauze should be disposed of in sacks designated for that purpose at the ringside. Splashes of blood on the skin should be immediately washed away with soap and water or disinfectant. Splashes of blood in the eyes or mouth should immediately be rinsed away with plenty of water. If other surfaces are accidentally contaminated, they should be cleaned with a fresh 10% solution of household bleach diluted in water.

### 9.2. Non-petroleum-based jelly

The use of a small amount of non-petroleum-based jelly on the forehead and eyebrow to help prevent injury is permitted. Blobs of Vaseline should be avoided to prevent Vaseline entering an eye.

### 9.3. Embrocation

The use of scents, oils or rubbing alcohol immediately before a Bout is forbidden. A mixture of sweat and scents may get into the Boxer's eyes and cause irritation.

### 9.4. Long hair (men and women)

Long hair must not limit vision and should be tied appropriately.

### 9.5. Medications during Bouts

The administration of nasal, oral or injectable medications during a Bout is forbidden.

### 9.6. Smelling salts or stimulants during a Bout

No stimulants or smelling salts are allowed on the Field of Play.

### 9.7. Mouth guards

A Boxer should never use a borrowed mouth guard. The mouth guard should fit exactly and comfortably. A poorly fitting mouth guard is useless and can cause buccal irritation or injury. A mouth guard that has been knocked out of the mouth should be thoroughly washed before replacing. No Boxer should be permitted to wear dentures during a contest.

### 9.8. Dental braces

Boxers can box with braces, both upper and lower, if they are wearing an appropriate mouth guard and have written approval from the practitioner who fitted the brace.