



BOXING SCOTLAND
PRE/POST BOUT MEDICAL PRO-FORMA

Boxers Name/Club _____

Date _____ Event/Venue _____

Pre-bout medical

Yes

No

Do you feel well?

Are you taking any medication?

Any reason you shouldn't box today?

Have you had a serious head injury/concussion/knockout in the last 30 days?

Normal

Abnormal

Musculoskeletal

Cardiovascular

Neurological

Respiratory

Ears

SIGNED:

Boxer: _____ Doctor: _____

Coach/parent/guardian: (if boxer is U16 on date of competition: _____

Post-bout medical

Yes

No

Orientated

Dizziness

Nausea

Headache

Feel well?

Action: _____ Doctor: _____

Notes: _____
