

INITIAL MEDICAL EXAMINATION SEASON

Ver1 7/8/18



Private and Confidential

Registration No. _____

PLEASE DO NOT SEND FORM UNLESS FULLY COMPLETED

FORM MUST BE FULLY COMPLETED BY

THE CLUB SECRETARY IN BLACK BOLD

CAPITAL LETTERS BEFORE SUBMISSION.

PLEASE ALLOW 14 DAYS FOR PROCESSING

Insert Boxer's
Photo

Surname: _____

Forename(s): _____

Address: _____

Post Code: _____

Club: _____

Date of Birth: _____

Height: _____

Weight: _____

Chest: _____

***DECLARATION - PREVIOUS MARTIAL ART/COMBAT SPORT EXPERIENCE**

YES - : _____	NO: _____
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PARENT SIGNATURE (IF BOXER < 18) _____

Date of Examination: _____

PRINT NAME _____ **CONTACT DETAILS (IF U18)** _____

Family Medical History: _____

Personal Medical History:

	MALE	FEMALE		
Heart			Albumin	
Lungs			Musculoskeletal/Limb symptoms	
Abdomen			Blood Pressure Systolic/Diastolic	
Ears			Central Nervous System	
			Eyes (without aids)	

6/18 in Best Eye	
6/36 in Worst Eye	
Urinary Glucose/Protein present Y/N	
Significant head injury (KO/TKO/Diagnosed concussion) in/out ring in last 12 months Y/N	

IS IN MY OPINION FIT FOR BOXING

(signature of Medical Officer)

Address: _____

(Print name of Medical Officer)

