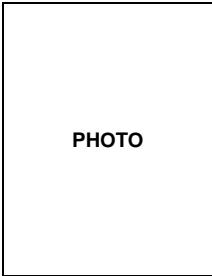


**SME1 Medical Examination
Registration No.** _____

Ver 2 5/3/19



Forename(s): _____
 Surname: _____
 Date of Birth: _____
 Address: _____

 Postcode: _____
 Gender: _____
 Club: _____

**FORM MUST BE FULLY COMPLETED IN CAPITAL LETTERS
 BEFORE SUBMISSION PLEASE ALLOW 14 DAYS FOR
 PROCESSING
 MEDICAL HISTORY TO BE COMPLETED AND SIGNED BY
 PARENT PRIOR TO MEDICAL EXAMINATION IF <16 YEARS
 OLD**

DECLARATION - PREVIOUS MARTIAL ART/COMBAT SPORT EXPERIENCE

YES; TYPE OF COMBAT SPORT; _____		
YES: (PLEASE DETAIL COMPLETED BOUTS)	COMPETITIVE BOUTS:	NON-COMPETITIVE BOUTS:

Medical History: _____

Current Medications: _____

Parent Sign and Print (If Boxer<16): _____

Emergency Contact Number: _____

Cardiorespiratory	MSK	Eyes
Blood Pressure	Ears	Visual Acuity >6/36 in Worst Eye, >6/18 in Best eye?
Abdomen	CNS	KO/TKO/Concussion in/out of ring in last 12 months?

Medical Notes: _____

_____ **IN MY OPINION FIT TO BOX**

Date: _____

Medical Officer Sign : _____

And Print _____