



PRE/ POST-BOUT MEDICAL PRO-FORMA

Boxer's Name & Club: _____

Date: _____ Venue: _____

Pre-Bout Medical

	Yes	No
Do you feel well?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any medication/ inhalers?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any reasons you should not box today?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a head injury/ concussion/ knock out in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

Consent & Declaration

- I agree to supply Boxing Scotland with the details of my registered General Medical Practitioner.
- I authorise Boxing Scotland to release reports/ medical information to my registered General Medical Practitioner.
- I authorise Boxing Scotland to disclose such relevant personal and medical information as may be necessary to the investigation of my fitness to box, to healthcare professionals.
- I declare that I have checked the details I have provided on this form and that to the best of my knowledge and belief, they are correct.
- I understand that if I make a false declaration to Boxing Scotland that my license will be suspended and may be withdrawn.

Boxer: _____ Date: _____

Coach/ Parent/ Guardian (if boxer U16 on date of competition): _____

Doctor's Pre-Bout Examination

	Normal	Abnormal
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Signature: _____

Doctor's Post-Bout Medical

	Yes	No
Orientated	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Feel well?	<input type="checkbox"/>	<input type="checkbox"/>

Action: _____ Doctor: _____

Notes: _____

