

SME1 Medical Examination
Registration No. _____



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 IF BOXER UNDER 16 YEARS OF AGE.

PREVIOUS MARTIAL ART/ COMBAT SPORT EXPERIENCE:

TYPE OF COMBAT SPORT (If no previous, state NONE)		
PLEASE DETAIL COMPLETED BOUTS	COMPETITIVE BOUTS:	NON COMPETITIVE BOUTS:

MEDICAL HISTORY: _____

CURRENT MEDICATIONS: _____

PARENT SIGN AND PRINT (IF BOXER <16): _____

EMERGENCY CONTACT NUMBER: _____

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- I understand that if I make a false declaration to Boxing Scotland that my license will be suspended and may be withdrawn.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): _____

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

Medical Notes: _____ IN MY OPINION IS FIT TO BOX
Date: _____ Medical Officer Signature: _____
Print Name: _____