



MEDICAL SUSPENSION FORM SME 3

Name _____ D.O.B. _____

Address _____

Club _____ School _____
(If applicable)

Registration Number _____

Boxer's signature _____

Medical Certificate

Examined by Doctor _____ On _____

as being fit/unfit to resume boxing (Delete as necessary)

Address of Medical Officer _____

Signed _____ Date (Lasts 90 Days) _____

