



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 ONLY LAST 90 DAYS FROM DATE OF MEDICAL.

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- I understand that if I make a false declaration to Boxing Scotland that my license will be suspended and may be withdrawn.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