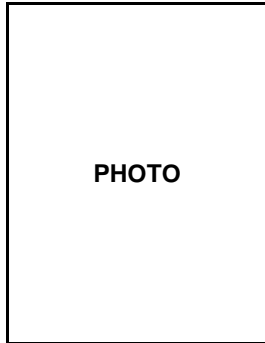


SME1 Medical Examination Registration No. _____

Version 5 - 24/5/21



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

 Boxer Postcode: _____
 Boxers Gender: _____
 Boxers Club: _____
 Boxers Club Postcode: _____

**FORM MUST BE COMPLETED IN CAPTIAL LETTERS
 BEFORE SUBMISSION**

PLEASE ALLOW 14 DAYS FOR PROCESSING

**MEDICAL HISTORY TO BE COMPLETED AND SIGNED BY
 PARENT PRIOR TO MEDICAL EXAMINATION IF BOXER
 UNDER 16 YEARS OF AGE**

DECLARATION - HAVE YOU ANY PREVIOUS MARTIAL ART/COMBAT SPORT EXPERIENCE

IF YES; WHAT TYPE OF COMBAT SPORT;		
IF YES: (PLEASE DETAIL OF COMPLETED BOUTS)	NUMBER OF COMPETITIVE BOUTS:	NUMBER OF NON-COMPETITIVE BOUTS:
MEDICAL HISTORY: _____		
CURRENT MEDICATIONS: _____		
PARENT SIGN AND PRINT (If Boxer UNDER 16): _____		
EMERGENCY CONTACT NUMBER _____		

IN COMPLETING THIS DOCUMENT YOU ARE GIVING CONSENT & DECLARATION FOR:

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 I understand that if I make a false declaration to Boxing Scotland that my licence will be suspended and may be withdrawn.
 I understand that while at the venue I must ensure I undertake and comply with social distancing and exemplary hygiene measures.
 I acknowledge that I undertake all activities at my own risk and that Boxing Scotland have not and cannot make any representation or guarantee that attending the venue or participating in Boxing is free from risk.

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

Medical Notes: _____ IN MY OPINION **IS / ISNT** FIT TO BOX

Date: _____

Medical Officer Sign : _____

Print Name: _____