

PRE-BOUT MEDICAL EXAMINATION

Number:	Rank:	Surname:	Forename:
Unit:	DoB:	Age:	Mobile no:

ANSWER ALL QUESTIONS

Have you ever been admitted to Hospital? Yes No
 Have you had medical treatment for anything in the last 3 months? Yes No

Have you suffered from any of the following?

Any eye disorders or operations (including laser eye surgery)? Yes No
 Any broken bones or cuts needing treatment in the previous 6 months? Yes No
 Epilepsy or any other type of fit, faint, convulsion or black-out? Yes No

How are you today?

Are you taking any medication now? Yes No
 Do you presently have a cough, cold or runny nose? Yes No
 Have you been unwell in the last month? Yes No
 When did you last box?
 Were you injured at that time? Yes No
 After your last bout, were you medically suspended for any reason? Yes No
 Do you understand the sport-specific medical risks of boxing? No Yes
 Do you wish to box today? No Yes
 WOMEN ONLY – can you confirm you are not pregnant? No Yes

Boxer's Signature:	Dated:
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DOCTOR'S EXAMINATION NOTES	General:
Hands:	
ENT (incl gum shield fit etc):	Eyes:
CONFIRMED FIT TO BOX : YES / NO	Date/Time of Medical
Doctor's Signature:	Name and Rank:
GMC Number:	Post:

Keep this form ringside for making contemporaneous notes of pre-, intra- and post-bout medical aspects, to be transposed when appropriate onto eIHR on next working day and then shredded securely. If not required for eIHR updating then retain and shred.

Space for making contemporaneous ringside notes during the bout and of the post-bout examination findings and any treatment required are at page C-2.

Medical in Confidence
(When completed)

In-Bout Notes:

Signed:	Dated:	Rank/Name:
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Post Bout Medical Notes:

Signed:	Dated:	Rank/Name:
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