

**RECORD OF BOXING INJURIES AND NON-INJURIES IN A GIVEN CONTEST**

Ringside Physician with Supervisor to complete all relevant serials at end of contest;  
Ringside Physician then to return completed Annex to sS Boxing Associations SMO/Medical Advisor via SMO CSBA<sup>1</sup>.

Location of contest:	
Date of contest:	
Ringside Physician details, incl mob contact numbers:	
Supervisor details, incl mob contact numbers:	

Number of bouts:	
Number of boxers participating (exclude walkovers):	

Total number of boxers without any apparent significant injury, even if lost on a TKO:	
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Number of boxers losing TKO with injuries included below:	
Number of boxers losing TKOI with injuries included below:	

Number of boxers who lost KO(H):	
Also please specify recovery time(s) to consciousness in seconds, for each case if more than one.	

Number boxers who lost KO(B) without any requirement for suspension:	
If KO(B) and needing suspension, specify suspension length and reason for choice of that duration:	

Laceration needing treatment (sutures, steristrips, glue):	
Laceration so minor needed no treatment as above:	
Specify locations of lacerations –	

Number of boxer(s) transferred to A+E for further asst by ambulance:	
Number of boxer(s) transferred to A+E for further asst by other vehicle:	
Boxer(s) transferred to A+E by ambulance with Ringside Physician, contest suspended:	

**Now please continue to complete the next page.**

<sup>1</sup> Via SMO CSBA at [SG-DMed-SMO CS ArmyBoxing@mod.uk](mailto:SG-DMed-SMO CS ArmyBoxing@mod.uk) with cc copy to [smocsba@gmail.com](mailto:smocsba@gmail.com)

<b>Numbers of boxers with injuries as below:</b>	
Concussion:	
-specify management that was required for each case:	
Post-bout disorientation:	
-specify for how long this lasted before normalised:	
Fractured nose:	
Significant epistaxis without nasal fracture:	
Fractured maxilla:	
Other facial fracture(s):	
(specify what)	
Any reported dental injuries:	
Fractured bone of hand:	
(specify which bone)	
Any other fracture:	
(specify what)	
Dislocated shoulder - primary dislocation that shoulder:	
Dislocated shoulder - recurrent dislocation that shoulder:	
Ankle inversion with no previous history with that ankle:	
Ankle inversion with previous history instability that ankle:	
Fracture, dislocation or other injury to hand or wrist:	
Other joint injury:	
(specify what)	
Ruptured tympanic membrane:	
Other ear injury:	
(specify what)	
Retinal detachment:	
Other eye injury:	
(specify what)	
Any other significant injury or medical issue arising:	
(specify what)	