OFFICIAL-SENSITIVE PERSONAL

RECORD OF POST-BOUT CHECKS FOR MEDICS

Boxers Rank:	Surname:	Fo	Forename: DoB:	
Number:	Unit:	Do		
Was pt unconscious from a Knock Out (Head)		YES	NO	
Was the bout stopped by the Referee for a TKO or TKOI		YES	NO	
Is there a possible nasal, maxillary or mandibular fracture?		YES	NO	
Is the boxer suffering from: Headache, Dizziness, Nausea, Vomiting or Visual problems		YES	NO	
		ed to Dr: YE referred to MO		
Tests – refer to doctor if any	y abnormalities found on any	of t	he below:	
What's your name?			Correct	Not correct
Where are you?			Correct	Not correct
Pupils Equally Reactive to Light	and Accommodation		Yes	No
Follow finger with eyes into latera	al gaze with NO nystagmus		Yes	No
Read out one list of three words	to the boxer and immediately ask	them	n to repeat the	words to you:
Арр	le Elbow Carpet			
Can	dle Paper Sugar			
Bab	y Monkey Perfume			
Correct instant recall of the three	e words, in any order?		Correct	Not correct
Romberg's test			Normal	Abnormal
Stand on one leg, bend forwards	at knee to 30 degrees knee flexi	on	Stable	Not stable
Heel to toe walking.			Stable	Not stable
Finger to nose. (Eyes closed)			Achieves	Misses
Sensation on chin, cheek and for	rehead.		Normal	Abnormal
Puff out cheeks.			Normal	Abnormal
Wrinkle forehead/screw up face.			Normal	Abnormal
Turn head fully without restriction, to left then to right			Yes	No
Shrug shoulders.			Left = right	not equal
Count down correctly from 10 down to 1		Yes	No	
Check for any hint of dental or dento-alveolar injuries and if any found MO should refer to DO in morning for full dental check ¹ .			No injury	Possible injur or injury seer
Referred to MO: YES	NO		Time Referred:	

¹ Despite use of a well-fitting mouthguard, dental injuries remain an inevitable risk which should be actively screened for post-bout.

JSP950 Part 1 Lft 2-1-1(v0.36) Sep 15

D-1 OFFICIAL-SENSITIVE PERSONAL (When completed)

OFFICIAL-SENSITIVE PERSONAL

Medical in Confidence

(When completed)

RINGSIDE MEDICAL NOTES FOR POST BOUT CHECKING MEDICS

Boxers Rank:	Surname:	Forename:
Date:	Bout Start Time:	Bout End Time:

Bout Notes: highlight significant blows received incl 8 second counts, any possible injuries eg nose-bleeds or possible fractures, etc.

Devend On ex	
Round One:	
Round Two:	
Round Three:	
Round Four (if undertaken):	

JSP950 Part 1 Lft 2-1-1(v0.36) Sep 15

OFFICIAL-SENSITIVE PERSONAL

Medical in Confidence (When completed)

Treatment Notes

Time	Treatment	Clinician

Head injury advice sheet (Annex I) given to boxer? YES NO

Medic's Rank:	Name	Signature
Service/Registration Number:		Unit

D-3 OFFICIAL-SENSITIVE PERSONAL (When completed) JSP950 Part 1 Lft 2-1-1(v0.36) Sep 15