

STATEMENT OF ANNUAL MEDICAL EXAMINATION AND INFORMED CONSENT TO PARTICIPATE IN SERVICE BOXING

Service Number: Rank: Name:

Unit: DOB:

The above-named service-man/woman has had their boxing fitness medical documented in their iEHR they are passed as being **FIT TO BOX for the next full year¹**

- unless suspended for injury during that period in which case this medical will need to be redone.

EXAMINING DOCTOR'S DETAILS:

Rank: Name: Practice
Signature: Date: Date-stamp:

Boxer's Statement²

1. I confirm that I have been placed under no pressure, by my coach or anyone in my Chain of Command, to take part in boxing against my will.
2. I have read the list at page B-2 of the sport-specific risks to my health from participation in boxing, discussed it with my doctor and had any questions answered to my satisfaction.
3. I understand the sport-specific risks involved in sparring and boxing and I choose to give my consent to taking part in sparring and boxing.

Service Number: Rank: Name:

Signature: Date:

Witness signature of examining Doctor:

Disposal of this record:

- Page B-1 only:** original form - Scan onto eHR attachments section, then shred.
[OR in non electronic healthcare record enabled practices, file in FMed4]
- Page B-1 only:** two copies to the coach - One A5 copy to be stapled into the back of the ME3 and one copy to go to central records of Secretary sS BA.
- Page B-2 only -** Original retained by boxer for their ongoing reference.

¹ Annual medicals are valid for a full year from the date they were done, unless the boxer is suspended, after which they must be renewed. Exceptionally for example at international standard the boxer's annual medical will expire at 31 Dec of year in which it was done.

² As at main text para 1, this leaflet updates and supersedes all prior direction on this area, including for RN [BRd 1750](#) Chapter 15.

STATEMENT OF SPORT SPECIFIC RISKS OF BOXING

1. Serious injuries in boxing are rare but can occur and they include the following:
 - a. There is a risk of a bleed from a blood vessel within the skull. Such bleeds are very serious but rare, we know of 7 cases in English boxing (during sparring or during bouts) in the last 12 years. The brain-bleeds cannot be screened out.
 - b. Repeated exposure to head blows after many bouts can cause problems with brain function such as problems with memory impairment. We have had two such cases known in service boxing in recent years but others may develop such problems later in life.
 - c. Punches to the eye can cause damage to the eye – particularly detachment of the retina. If this arises, major surgery will be needed, which will usually, but not always, be able to restore sight. If struck on the eye and aware that vision may have been damaged, boxers MUST adopt the injured boxer position ('take a knee') and immediately notify the referee so he can have the boxer medically assessed.
2. Other known medical/health risks of participation in boxing are as follows:
 - a. Blows to the ear – especially 'cuffs' which are not scoring blows - can cause rupture of the eardrum. These are usually only obvious to the boxer after sparring or a bout. They normally heal by themselves over 6-8 weeks. These are uncommon; database frequency is 1 in 2000 bouts.
 - b. Blows to the face and nose can cause fractures. Combined Services Boxing Association (CSBA) Injuries database over years 2010-2013 shows that the risks of a broken nose is 1-2 in 100 per bout, most common in novice boxers with inexperienced defence techniques. Other facial fractures (eg jaw, cheekbone) are far less common. Sometimes, surgery with metalwork etc may be required to repair these.
 - c. Received punches inevitably can cause painful bruising, which will heal by itself with time.
 - d. Boxing training involves heavy impact training (eg running and skipping) so 'overuse' lower limb injuries are common; examples of these include stress fractures of tibia and foot, 'shin splints' and knee pain. Boxers developing any such problems are strongly advised to stop boxing training and seek **early** medical advice; as experience is that the earlier that such advice is sought, the quicker and better the outcomes of treatment.
3. Additionally, it is to be noted that adult³ male boxers now box without headguards. AIBA's medical committee considers this offers better vision for punches from the side and so potentially reduced rates of brain injuries. This carries increased risks of facial cuts from head-clashes. Female and youth boxers will still box with headguards on, so the increased risk of lacerations does not apply to them.

If you choose to box, these are risks that you are choosing to take.

³ 'Adult' in this context means from the boxer's 18th birthday until 31 Dec of the year in which the boxer has their 40th birthday.