



DOCTOR'S EXAMINATION NOTES	General:
Hands:	Eyes:
ENT (incl gum shield fit etc):	Date/Time of Medical
CONFIRMED FIT TO BOX: YES <input type="checkbox"/> NO <input type="checkbox"/>	Name:
Doctor's Signature	IBA certified date:
Country:	

Keep this form ringside for making contemporaneous notes of pre-, intra-, and post-bout medical aspects, to be transposed as and when appropriate. Space for making contemporaneous ringside notes during the bout and of the post-bout examination findings can be found below:

In-Bout Notes:		
Signed:	Dated:	Name:
Post Bout Medical Notes:		
Signed:	Dated:	Name: