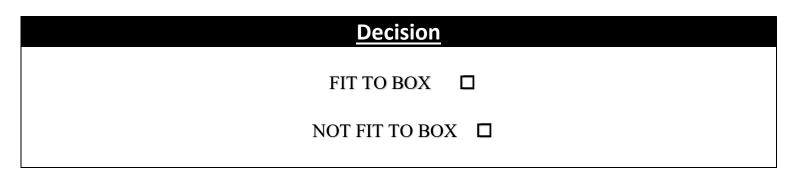


Medical Certificate Template

Athlete							
Name:							
Date of birth:							
Signature:	date:						

Doctor							





Medical Certificate Template

QUESTION FOR ATHLETE: IF YES, EXPLAIN

1. Is a Doctor currently treating you for anything?

2. Have you ever been unconscious or had a concussion?

3. Have you been hit hard in the head in the last 6 weeks?

4. Have you had any headache in the last 2 weeks?

5. Do you have any problem with bleeding?

6. Do you have a history of hepatitis B or hepatitis C or HIV infection?

7. Does any disease run in your family? Sudden unexpected deaths?

8. Have you had any surgery?

9. Have you ever had to stay in a hospital?

10. Do you have any medical condition?



Medical Certificate Template

Exam	nination	Abnorm	nalities	Comments
If Athlete had a Concussion in the past year, please certify that: General Medical Exam Mental Status/ Psychological	Medical Examination following rest period after Concussion was normal Athlete Fit To Box List abnormalities not covered in specific system exams below	Normal	Abnormal	
	Brief survey	Normal	Abnormal	
	Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record)	Normal	Abnormal	
Head	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
	Pulse/blood pressure (record)	Normal	Abnormal	
Cardio Vascular System	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	in
Orthopaedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
	Reflexes	Normal	Abnormal	
Neurological System	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
	Record	Yes	No	
Allergies	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TRUE Submitted? o No o Yes (If yes please explain)