



### DECLARATION OF FIT TO BOX FORM

<u>Last Name:</u>	<u>First Name:</u>	<u>Country:</u>
<u>Date Of Birth:</u> /    /	<u>Age: Years</u>	<u>Mobile Number:</u>

#### **ANSWER ALL QUESTIONS**

Have you ever been admitted to Hospital? Yes ☐      No ☐

Have you had medical treatment for anything in the last 3 months? Yes ☐      No ☐

#### **Have you suffered from any of the following?**

Any eye disorders or operations (including laser eye surgery)? Yes ☐      No ☐

Any broken bones or cuts needing treatment in the previous 6 months? Yes ☐      No ☐

Epilepsy or any other type of fit, faint, convulsion or black-out? Yes ☐      No ☐

#### **How are you today?**

Are you taking any medication now? Yes ☐      No ☐

Do you presently have a cough, cold or runny nose? Yes ☐      No ☐

Have you been unwell in the last month? Yes ☐      No ☐

#### **When did you last box?**

Were you injured at that time? Yes ☐      No ☐

After your last bout, were you medically suspended for any reason? Yes ☐      No ☐

Do you understand the sport-specific medical risks of boxing? No ☐      Yes ☐

Do you wish to box today? No ☐      Yes ☐

WOMEN ONLY – can you confirm you are not pregnant? No ☐      Yes ☐

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

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:

<b>In-Bout Notes:</b> 		
Signed:	Dated:	Name:
<b>Post Bout Medical Notes:</b>		
Signed:	Dated:	Name: