



Medical Certificate Template

Athlete

Name: _____

Date of birth: _____

Signature: _____ date: _____

Doctor

Name: _____

Title / Position: _____

Address: _____

Signature: _____ date: _____

Stamp: _____

Comments: _____

Decision

FIT TO BOX ☐

NOT FIT TO BOX ☐



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

Examination		Abnormalities		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	Normal	Abnormal	
	List abnormalities not covered in specific system exams below			
	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record)	Normal	Abnormal	
	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	
Cardio Vascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopaedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	Record	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

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