

All the following questions must be answered. If you don't understand any, see the Official in charge.  
 Bring this completed sheet to your medical. If not completed, do not GO to the medical.  
 Once your medical & weigh-in is completed, you are NOT to leave the boxing site or may face losing your bout.

PRINT  
 Date: \_\_\_\_\_ PRE-BOUT MEDICAL  
 BOXER'S NAME: \_\_\_\_\_ PRINT

Club \_\_\_\_\_ Coaches Name \_\_\_\_\_

**COACH OF PARTICIPANT**

Have you, this boxers coach, noticed any changes in the last 30 days, regarding this boxer with the boxers' (listed below)

- |   |     |    |
|---|-----|----|
| 1. Behavior .....                                   | Yes | No |
| 2. Attention or Concentration or Memory .....       | Yes | No |
| 4. Speech .....                                     | Yes | No |
| 5. Sparring (reaction time) .....                   | Yes | No |
| 6. Has the boxer complained of illness to you ..... | Yes | No |

**SIGNATURE OF COACH** \_\_\_\_\_ X

**BOXER/PARTICIPANT**

- |  |     |    |
|--|-----|----|
| 1. Have you had headaches in the last 2 months?.....                               | YES | NO |
| 2. Have you been vomiting in the last 7 days? .....                                | YES | NO |
| 3. Do you have any blurred vision or are you seeing double?.....                   | YES | NO |
| 4. In the last 2 weeks have you been dizzy or feeling confused?.....               | YES | NO |
| 5. In the last month has your concentration been lacking?.....                     | YES | NO |
| 6. In the last month have you had bleeding or seepage from your ears or nose?..... | YES | NO |
| 7. Are you currently under a doctors care?.....                                    | YES | NO |
| 8. Has a doctor ever told you not to participate in boxing?.....                   | YES | NO |
| 9. Are you currently under a doctors care?.....                                    | YES | NO |
| 10. Are you taking any medication now?.....  | YES | NO |
| 11. Have you had any injuries in the last 8 weeks?.....                            | YES | NO |
| 12. Have you been unconscious in the last year?.....                               | YES | NO |

13. If you are under the age of 18 years, do you have parental or guardian approval  
 to compete in this boxing contest?      YES      NO

**SIGNATURE OF BOXER** \_\_\_\_\_ X

**QUESTIONS FOR FEMALE BOXERS ONLY**

- |   |     |    |
|---|-----|----|
| 1. Are you pregnant or could you be pregnant now? | Yes | No |
| 2. Date of last menstruation _____                |     |    |

PRINT BOXER'S NAME \_\_\_\_\_ SIGNATURE.Boxer \_\_\_\_\_

**DOCTOR**

Is this person fit to box?      Fit      Unfit      (circle one only)

PHYSICIAN'S NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**If Boxer answered YES to any medical condition, please review the condition with the boxer/guardian/etc. & make notes on the back of this form.**