



PRE-BOUT PHYSICAL EXAMINATION FORM

PRINT CLEARLY- DO NOT FOLD OR WRINKLE

Last Name: _____ First Name: _____ Date: ___/___/___

Trainer's Name: _____

Please check one. Male Female Age: _____ Date of Birth: ___/___/___

All questions are to be answered as truthfully and as accurately as possible.

If you do not fully understand any question(s), notify the doctor in attendance.

All Contestants- Select Answer

1. Has a doctor ever told you not to participate in any athletic activity? Yes No
2. Is a doctor currently treating you for anything? Yes No
3. Have you ever been rendered unconscious or had a concussion in boxing or any other activity? Yes No
4. Have you been hit hard in the head in the past six (6) weeks? Yes No
5. Have you had any headaches in the past two weeks? Yes No
6. Do you have a history of Hepatitis B, Hepatitis C or HIV infection? Yes No
7. Do you have any exposed open Infected skin lesions? Yes No

Contestant's Signature: _____ Date: ___/___/___

*****TAKE THIS COMPLETED FORM TO YOUR PHYSICAL EXAMINATION*****

PHYSICAL EXAMINATION

Heart ___ Eyes ___ Lungs ___ Blood Pressure ___/___ Pulse ___ Fit? Yes No

If No, please list reasons and comments: _____

Name of attending physician (Print Clearly) _____ MD DO

Physician's Signature: _____ Date: ___/___/___

Questions for the Boxer

Boxer Name: _____ Age: _____ Weight: _____

When was your last bout? _____ When did you last spar? _____

Have you ever been knocked out (lost consciousness) in a bout or sparring session? Yes No

Have you ever passed out during/after exercise in any sport? Yes No

Have you experienced any of the following in the past thirty (30) days? Yes No

Headaches or Dizziness Yes No

Nausea or Vomiting Yes No

Double vision or blurred vision Yes No

Inability to concentrate Yes No

Nosebleed Yes No

Do you feel well enough to box today? Yes No

Do you take medication? Yes No

If yes, are you supposed to take medication?

If yes, please list your medications: _____

Please explain any "yes" answers above, and any questions or concerns you would like to discuss further with the ringside physician: _____

Boxer's Signature: _____

Date: ___/___/___

Note: This form is only to be filled out by the boxer named above.