

COMBSPORT

Annual Medical

(please print clearly)

Part 1 – To be completed by or parent / guardian if under legal age

Name _____ Date of Birth _____

Address _____ Phone: _____

BC Carecard # _____ Other: _____

Weight _____ Height _____ Boxing Club _____

If the applicant has or had any of the following illnesses, please give particulars in this space: _____

1. Eye or ear impairment, infections or injuries: () Yes () No

2. Rheumatic fever, T.B., pleurisy or asthma: () Yes () No

3. Kidney or urine disorder, one kidney: () Yes () No

4. Diabetes millitus: () Yes () No

5. Indigestion, vomiting, abdominal cramps: () Yes () No

6. Nervous breakdown, head injury, fits: () Yes () No

7. Acute infections: : () Yes () No

8. Fractures, dislocations, severe sprains: () Yes () No

9. Epilepsy of applicant or in family: () Yes () No

10. Any suspensions from boxing? () Yes () No

Date

Signature of Athlete

Signature of Parent / Guardian

BRITISH COLUMBIA COMBATIVE SPORTS ASSOCIATION

Part II – To be completed by the Physician

Note: the following may preclude from boxing: (1) impaired vision – worse eye less than 20/120 and better eye less than 20/60; (2) squint; (3) recurrent chronic supportive otitis media; (4) chest expansion less than 2”; (5) total deafness; (6) albuminuria; (7) hernia, organomegaly or undescended testis; (8) heart lesions.

Weight _____ Height _____ Expiration _____ Inspiration _____

VISION

Right eye 20/____ Left eye 20/____ Colour Vision _____ Field of Vision _____

EARS (state of T.M.S. and degree of deafness)

TEETH (any braces)

Is there any abnormality in chest, heart, B.P. or C.N.S.? _____

Is there a hernia, undescended testis, organomegaly, cryptorchidism? _____

Urinalysis (Labetix) Sugar _____ Protein _____ Blood _____

Chest X-ray required only if there is a family history of T.B. _____

Additional for the female boxer: Note: confirmed pregnancy disqualifies from boxing. Are there breast lesions, bleeding, masses, other dysfunction, or pain?

Abnormality in menstrual pattern? Amenorrhea? _____

Lower pelvic pain? _____

Blood Test – All Boxers that is 19 or will reach 19 during the registration period must have the following blood test:

Hepatitis B (HB AG surface antigen) _____

Hepatitis C virus antibody _____

HIV _____

*I certify that the applicant **is** / **is not** fit to engage in boxing.*

Physician's name and License number

Address _____

Telephone no. _____

Signature _____ Date _____