



AUSTRALIAN NATIONAL BOXING FEDERATION QLD INC BOXER ANNUAL MEDICAL PRACTITIONER'S REPORT

Surname _____ Christian Names _____

Address _____

_____ Email _____

Phone Number _____ Date of Birth _____

Height _____ Weight _____ Chest normal _____ Chest expanded _____

Pulse resting _____ Blood pressure resting _____ Blood pressure standing _____

Eyes _____ Visual acuity _____ R _____ L _____ Eye gaze _____

Ears _____ Is speech normal? _____ Any weight change in past 12 months _____

Cardio vascular system _____

Respiratory system _____

Locomotor system _____

Alimentary system _____

Genitourinary system _____

Have you ever suffered from any of the following: High blood pressures, chest pain, Rheumatic Fever, Indigestion, Gastric or Duodenal Ulcer, Asthma, Epilepsy, mental or nervous disorder, Diabetes, coughing of blood, blood from the bowel, or severe haemorrhage?

If yes, state which and any treatment or medicine taken _____

Previous involvement in boxing or any other contact sports _____

Injuries arising from involvement list above _____

Have you ever suffered an illness or injury that required hospitalisation? If so provide details _____

Have you ever suffered a head injury or been rendered unconscious? If so provide details _____

Date _____ Length of time unconscious _____

In the past 5 years have you taken any stimulants/sedatives/medications? If so provide details _____

I have examined the above-mentioned boxer and in my opinion they are medically fit for boxing. I identified the boxer from:

Photo Driver's Licence Number _____ Photo Medical Record Book of Boxer Number _____

Other Identification (please state) _____

Medical Practitioner's Signature _____ Date _____

I, the boxer, hereby state that all information I have given is true and correct and I have not withheld any information. I understand that boxing is a full contact sport and injuries, or even death could occur. I sign this form of my own free will and I authorise the release of the information contained in this test to the Australian National Boxing Federation QLD INC and its officers.

Signature of person examined _____ Date _____

Complete form and return to the ANBF Medical Registrar, Mr John Hogg, PO Box 873, Coorparoo, 4151
Telephone: (07) 3397 8754 Email: johnhogg6@bigpond.com

