



AUSTRALIAN NATIONAL BOXING FEDERATION QLD INC PREGNANCY TESTING FOR PROFESSIONAL FEMALE BOXERS MEDICAL PRACTITIONER'S REPORT

I certify that on _____ Date _____ Boxers name _____

Of _____

Whom I identified from:

Photo Driver's Licence Number _____

Photo Medical Record Book of Boxer Number _____

Other Identification (please state) _____

Presented herself for:

A pregnancy test, the result of this test indicates that the above-named person is classified:

Negative

Positive

Note: this test must be carried out no more than seven (7) days prior to the contest

Other comments _____

Medical Practitioner Name (please print) _____

Address _____

Telephone Number(s) _____

Medical Practitioner's Signature _____ Date _____

RELEASE OF INFORMATION

I _____
Print name

hereby 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 _____

This test must be carried out no more than seven (7) days prior to the contest and presented to the Doctor at the pre-fight medical

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