



AUSTRALIAN NATIONAL BOXING FEDERATION QLD INC SEROLOGY AND BREAST TESTING FOR PROFESSIONAL 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:

1. A HIV test, the result of this test indicates that the above-named person is classified HIV Negative

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

Hepatitis "B" Antigen Negative or Immune Status

Hepatitis "C" Negative

3. Medical practitioner to check breasts, the result of this test indicates that the above-named person:

Has no irregularities or breast implants

If the results of this test should show irregularities or implants, please recommend any test required (please note that females with implants should not be permitted to box)

Note: this test is only valid for six months – boxer must be test every six months and results sent to ANBF Medical Registrar

Other comments _____

Medical Practitioner Name (please print) _____

Address _____

Phone Number _____

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 _____

BREAST PROTECTORS

The wearing of breast protectors is optional and I make that choice of my own free will. I understand that boxing is a full contact sport and as a result of my participation injury could result. I have been advised to consult with the medical practitioner examining me regarding the risks involved. I shall not hold the ANBF or any of its members responsible for any injuries sustained by me, in connection with my participation in this sport.

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**

