

IRISH AMATEUR BOXING ASSOCIATION MEDICAL EXAMINATION
(See overleaf)

Surname _____ Forename _____
Club _____ County _____ Date of Birth _____

FH/PMH _____

Height/Weight _____

CVS Pulse _____ B/P _____ Murmurs _____

Other _____

R.S. Chest Deformity _____ Lungs _____

L.S. Any Joint Deformities _____

Any History of Fractures(s) _____

ABDOMEN Hernia (Y/N) _____ Scars _____

Testes R _____ L _____

Central Nervous System _____

Eyes V/A _____ L _____ R _____ Fundi _____

Ears _____ Hearing _____

Urine Glucose _____ Protein _____ Haem _____

Signed _____ (Medical Officer) Date: _____

Doctor's Stamp

Based on medical examination conducted on _____ by _____
a record card may / may not be issued.

Registration No. _____ Signed: _____

INSTRUCTIONS TO DOCTOR

1. The following conditions are among those rendering this person unfit to box:

- * Epilepsy
- * Diabetes
- * Retinal Detachment
- * History of Serious Head Trauma
- * Acute Infections
- * Haemorrhagic Diseases
- * Valvular / Sepal defect of Heart
- * Hypertension
- * Hepato / Splenomegally
- * Absence of Kidney
- * V.A.: Eyes must be Tested Without Contact Lenses or Glasses by Snelling method.

Visual acuity must be at 6/18 in better & 6/36 in other.

2. If you have any problems please ring 01-4533371 or fax 01-4540777

NOTICE TO BOXER

1. Take this form with you when going to doctor.
2. Also bring with you a stamped envelope addressed to the **Medical Registrar of your Province**