

Surname _____ Forename _____

Club _____ County _____ D.O.B. _____

FH/PMH (See overleaf) _____

Past Obst or Gynae History: _____

Height _____ Weight _____ Urine:Glucose _____ Protein _____ Haem _____

CVS Pulse _____ B/P _____ Murmurs _____

R.S. Chest Deformity _____ Lungs _____

L.S. Joint, Spinal or Limb Deformities _____

ABDOMEN Hernia (Y/N) _____ Findings _____

Central Nervous System _____

Eyes V/A _____ L _____ R _____ Fundi _____

Ears _____ Hearing _____

Gus _____ Pregnant: (Y/N) _____

Any Breast problems (examine only if appropriate) _____

Signed _____ (Medical Officer) Date: _____

Doctor's Stamp (Essential)

Based on medical examination above a record card may / may not be issued

Date: _____ Signed: _____

I.A.B.A. Medical Commission

INSTRUCTIONS TO DOCTOR

1. The following conditions are among those rendering a women 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
3. Breast Protector must be worn