



Amateur Boxing Alliance (England) CIC
Boxer's Initial Medical Examination – ME1

Name Date of Birth

Address.....

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Boxer's Signature Parent's Signature (Minors)

Club.....Association.....

Previous Boxing Record W L Other Combat Sports.....

A. Medical History

Current or previous illnesses, injuries, operations, loss of consciousness or seizures:

Medications

Allergies

B. Initial Medical Examination

Weight kg	Height cm	Pulse bpm	Blood Pressure mmHg	/
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1. Head / Face

Scars on head and / or face

Nose / Throat

Eyes

	Right	Left
Pupils		
Fundi		
Cornea		
Acuity	6/	6/

Ears

Tympanic membrane		
Hearing		

2. Neck

Full, pain-free movement of the cervical spine?

Lymph glands and thyroids

3. Chest

Any structural deformity?

Heart

Rhythm

Sound +/- murmurs

Size

Lungs

4. Abdomen

Any Scars, masses, organomegaly or tenderness?

5. Locomotor System

Any deformity or tenderness of spine, upper or lower limbs (including hands & wrists)?

Any joint hyper or reduced mobility?

Any abnormality in muscular development or atrophy?

6. Nervous System

Gait & Posture

Sensation & Co-ordination

Balance / Romberg's test

Any sign of tremor

Reflexes

Mental state

C. Investigations - Urine dipstick result

Glucose – normal/abnormal

Protein – normal/abnormal

D. Fitness to Box – please circle as appropriate

FIT TO BOX

UNFIT TO BOX

Doctor's Name (please PRINT)

Doctor's signature

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GMC No:

Date of examination:.....