



## 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.....London ABA .....

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:.....