

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