

# APPENDIX A - MEDICAL CERTIFICATE



## USA BOXING Medical Certificate

### ATHLETE

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### MEDICAL DOCTOR

NAME: \_\_\_\_\_  
TITLE/POSITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

- Fit to Box
- NOT Fit to Box

# USA Boxing Medical Certificate



## QUESTIONS FOR THE ATHLETE: IF YES, PLEASE EXPLAIN

1. Is a doctor currently treating you for anything?

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2. Have you ever been unconscious or had a concussion?

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3. Have you been hit hard in the head in the last 6 weeks?

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4. Have you had any headaches in the last 2 weeks?

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5. Do you have any problem with bleeding?

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6. Do you have a history of Hepatitis B, Hepatitis C, or HIV Infection?

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7. Does any disease run in your family? Sudden unexpected deaths?

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8. Have you had any surgery?

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9. Have you ever had to stay in the hospital?

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10. Do you have any medical condition?

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# USA BOXING MEDICAL CERTIFICATE



**Athlete's Name:**

**Date of Birth:**

MEDICAL CERTIFICATE				ABNORMALITIES
If Athlete had a concussion in the past year, please certify that:	Medical Examination following rest period after concussion was normal. Athlete fit to box.	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity. Fundi. Vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardiovascular system	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic system	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological system	Reflexes	Normal	Abnormal	
	Verbal responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (list)	Yes	No	

**Any TUE submitted?**      **NO**      **YES**      (if YES, please explain)

## APPENDIX B: DECLARATION OF NON-PREGNANCY

### 1. Declaration of non-pregnancy for women boxers aged 18 (eighteen) and older

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Name of Competition: \_\_\_\_\_

I, \_\_\_\_\_, declare that I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I, on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against AIBA and/or USA Boxing (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or Host Federation) and the competition venue owners for such injury or damage.

Signature of the Boxer

\_\_\_\_\_

### 2. Declaration of non-pregnancy for women boxers aged UNDER 18 (eighteen)

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Name of Competition: \_\_\_\_\_

I, \_\_\_\_\_, am one of the parents / legal caretaker of \_\_\_\_\_  
(insert name of the boxer) and declare, on her behalf, that she is not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and \_\_\_\_\_  
(insert name of boxer) suffers any related injury or damage during the competition, I, on behalf of \_\_\_\_\_, (insert name of boxer) her heirs, executors and administrators, waive and release any and all claims for damages she may have against AIBA and/or USA Boxing (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or Host Federation) and the competition venue owners for such injury or damage.

Signature of one of the Parents / Legal Caretaker

Acknowledged by [Signature of the Boxer]

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