

# Amateur Boxing Pre-Participation Medical Assessment Form

## A. Athlete Information

Full Name

Date of Birth

Sex

Address

Phone Number

Boxing Club

Coach Name

## B. Medical History

Do you have or have you ever had:

Condition	Yes	No	Details
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Asthma or breathing issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Seizures/fainting/blackouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Previous head injury/concussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Other major illnesses/surgeries



Current Medications

Allergies

### C. Physical Examination

Height (cm)

Weight (kg)

Blood Pressure

Vision (Left / Right)

Physical Examination Notes

### D. Physician Clearance

Physician Name

Signature

Date of Examination

Clearance Notes

