

CANADIAN AMATEUR BOXING ASSOCIATION

Medical Form - Part 1

(please print clearly)

Part I - (To be completed by athlete (male or female), or parent/guardian if under legal age)

Name _____ Date of Birth _____

Address _____

Tel. _____

OHIP _____ Other (GMS, Blue Cross) _____

Weight _____ Height _____ Boxing Club _____

If the applicant has or had any of the following illnesses, please give particulars in this space:

Table with 10 rows of medical conditions and columns for YES/NO responses.

Date _____ Signature of athlete _____ (Signature of Parent or Guardian) _____

Part II - to be completed by the Physician

Note: The following may preclude from boxing: (1) Impaired vision - worse eye less than 20/120 and better eye less than 20/60 2) Squint (3) Recurrent Chronic Suppurative Otitis Media (4) Chest Expansion less than 2" (5) Total Deafness (6) Albuminuria (7) Hernia, Organomegaly or Undescended Testis (8) Heart Lesions.

WEIGHT: _____ HEIGHT _____ EXPIRATION _____ INSPIRATION _____

VISION: Right Eye 20/ _____ Left Eye 20/ _____

COLOUR VISION: _____ FIELD OF VISION _____

EARS: (State of T.M.S. and Degree of Deafness) _____

TEETH (Any Braces) _____

Is there any abnormality in Chest, Heart, B.P. or C.N.S.? _____

Is there a Hernia, Undescended Testis, Organomegaly, Cryptorchidism? _____

Urinalysis (Labetix): Sugar _____ Protein _____ Blood _____

Chest X-Ray required only if there is a family history of T.B. _____

Additional for the Female Boxer: Note: Confirmed Pregnancy disqualifies from boxing.

Are there Breast lesions, bleeding, masses, other dysfunction, pain? _____

Abnormality in Menstrual Pattern? Amenorrhea? _____

Lower Pelvic Pains? _____

I certify that the applicant is / is not fit to engage in Boxing:

Physician's Name and Licence Number _____

Address: _____

Telephone No. _____

Signature _____ Date _____