



## BOXER'S MEDICAL EXAMINATION FORM

*(To be completed at time of application and annually when licence fee is due)*

BDF UK OFFICE: Unit 7, Quarry Farm Business Centre, Bodiam, East Sussex TN32 5RA  
or Email: [info@pbaboxing.com](mailto:info@pbaboxing.com)

### **Note to Applicant:**

This examination must be carried out by a Qualified Medical Practitioner, currently on the Medical Register.

### **Note to Examining Doctor:**

This form, when completed, should be forwarded to the UK Representative of the BDF

The fee for the examination is payable by the Boxer and should not be less than the B.M.A recommended fee.

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### **QUESTIONS TO BE ASKED BY AN EXAMINING DOCTOR**

Full Private Name.....  
(BLOCK LETTERS)

Professional Boxing Name (if other than above).....  
(BLOCK LETTERS)

Address.....  
(BLOCK LETTERS)

Date of Birth..... Tel. No. .... Mobile No. ....

Marital Status.....

Occupation (other than boxer).....

Manager or Proposed Manager.....

Have you held a licence before .....

If so, give past record of contests:

No ..... Won ..... Lost ..... Counted Out ..... Stopped .....

Amateur Record if any.....

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1. Are you in good health as far as you know.....
  2. Have you suffered at any time any serious injury, accident or disability (if so, state briefly).....
  3. Have you suffered at any time from any of the following (if so give full details, dates and doctors consulted and results of investigations):
    - Headaches, blackouts or fits.....
    - Anxiety states or depressions.....
    - Paralysis or any other mental or nervous diseases.....
    - Have you seen a psychiatrist or taken tranquillisers.....
  4. Visual disturbances. Diplopia, blurring vision, or do you wear glasses.....
  5. Any ear discharge, deafness, etc.....
  6. Heart disease, high blood pressure, heart murmurs, varicose veins, rheumatic or scarlet fever.....
  7. Any asthma, bronchitis, pneumonia, pleurisy, or T.B., sinusitis or any difficulty in nasal breathing.....
  8. Any chronic indigestion, stomach or duodenal ulcers, gall bladder or liver disease, appendicitis, hernia.....  
Bowel disorders, i.e. colitis, Crohn's Disease, haemorrhoids, etc.....
  9. Any kidney or bladder problems, diabetes, renal colic, haematuria, venereal infections or prostatitis.....
  10. Any bone or joint problems, e.g. hand injuries, fractures, etc.....
  11. Any skin diseases.....Allergies.....
  12. Are you or have you been attending your doctor or hospital regularly for any reason.....
  13. Do you take any tablets/medicines, etc., regularly.....
  14. Date and result of last X-ray (if any).....
  15. Any other investigations, i.e., blood tests, X-rays, E.C.G, E.E.G. ....
- Number of cigarettes smoked per day.....
- Daily alcohol intake .....

**Family History**

Father (age and health)..... Mother (age and health).....

Brothers (age and health)..... Sisters (age and health).....

**I hereby give my consent to the BDF and its Medical Officers to contact my doctor to obtain medical information pertaining to my application to box.**

Signature of Boxer.....

Signature of Doctor.....

**Examination**

Height..... Weight.....

Describe build, etc if overweight, is excess evenly distributed.....  
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If he has had a MRI/MRA Brain scan, indicate date.....

Pulse..... Apex Beat.....

Blood pressure (if above 140/90 please record three further readings at five minute intervals).....

Heart sounds.....

Any murmurs.....

If so describe.....

Any varicose veins..... Exercise tolerance.....

**Respiratory System**

Chest movements..... Trachea.....

Percussion notes..... Air Entry..... Breath Sounds ..... Added Sounds.....

**Abdomen**

Any scars, tenderness or masses – if so, describe .....

Are liver, spleen and kidney palpable .....

Hernia orifices..... Genitalia..... Urine.....

**Central Nervous Systems**

Cranial nerves..... Pupils..... Optic fundi.....

Nystagmus..... Rombergism.....

**Limbs**

Tone..... Power..... Co-ordination..... Sensation.....

Reflexes..... Plantar responses.....

Any psychoneurosis ..... If so describe .....

**Skeletal System**

Cervical Spine..... Shoulders..... Elbows..... Wrists and Hands.....

Lumbar Spine..... Hips..... Knees.....

Ankles.....

**HIV & Hepatitis Vaccination and Screening**

HIV Test:- Date Tested..... Laboratory results must be forwarded to Head Office

Hepatitis C Antigen:- Date tested..... Laboratory results must be forwarded to Head Office

Hepatitis B Antigen:- Date tested..... Laboratory results must be forwarded to Head Office

Hepatitis B Surface Antibody:- Date tested..... Laboratory results must be forwarded to Head Office

Hepatitis B Vaccination:- Date of first dose.....

**Please note that every boxer must complete the Hepatitis B Vaccination course, the course consists of three doses. The second dose is given one month after the first dose and the third dose is given five months after the second dose. This course must be completed and evidence of dates given must be forwarded to Head Office.**

**Ears**

Drum..... Hearing..... Any otitis.....

N.B. – if any abnormality noted, please investigate further and refer all relevant documents to the Chief Medical Officer at the UK Office of the BDF representative with this form.

Date of examination .....

**I AM SATISFIED AS TO THE CORRECT IDENTITY OF THE EXAMINEE WHO HAS PRODUCED FOR ME HIS BOXER’S LICENCE OR PASSPORT, OR ALTERNATIVELY, I CONFIRM HIS LIKENESS BY SIGNING THE ATTACHED PHOTOGRAPH.**

Signature and stamp of examining doctor.....

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**EYE TEST**

**Eyes to be completed by an Ophthalmic Optician/Consultant**

Visual standards (Snellen’s type figures without glasses please).....

Visual Fields.....

Ocular tension.....

Ocular movements.....

Ophthalmoscopic examination (with special attention to retinal defects).....

Date of examination.....

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Signature and stamp of Optician/Consultant.....

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TO BE COMPLETED BY THE CHIEF MEDICAL OFFICER (OR HIS DEPUTY)

To the Officers of the BDF.

The following recommendation is made in the case of:

Name.....

(a) Licence granted or renewed.....

(b) Licence not granted/renewed.....

Date..... Signature.....