

PROFESSIONAL BOXING ASSOCIATION



PBA, UNIT 7, QUARRY FARM BUSINESS CENTRE,
BODIAM, EAST SUSSEX, TN32 5RA.

Tel: 01580 831829

Email: info@pbaboxing.com

INITIAL MEDICAL FOR SEMI PROFESSIONAL / WHITE COLLAR BOXERS

IMPORTANT NOTE FOR ALL POTENTIAL BOXERS:

The following are the most common disorders that will automatically result in failure to pass the initial medical examinations:

Epilepsy

Eye Surgery, including Laser, except squint correction (also very poor eyesight)

Head Injury requiring surgery

Hepatitis B/C or HIV infection

Insulin dependent diabetes

Severe asthma

Sickle cell disease (not Sickle Cell Trait)

Females (Breast Implants)

If you have any of the above, please do not take the medical, as you will not pass.

Please answer the following questions regarding your general health. If you are unsure of any question, please ask the doctor performing your examination to explain.

PERSONAL HISTORY QUESTIONNAIRE

(Boxer to complete before medical examination) (circle answer)

(Y=Yes/N=No)

Have you ever been diagnosed with:

Heart Disease including high blood pressure Y / N

Lung Disease including Asthma or TB Y / N

Liver Disease including hepatitis Y / N

Kidney Disease Y / N

Diabetes mellitus Y / N

Any blood disorder including haemophilia, sickle cell /anaemia Y / N

Head injury requiring hospital treatment Y / N

Other neurological disease including epilepsy, fits, faints or dizzy spells Y / N

Back or joint problems Y / N

Eye problems requiring specialist treatment	Y / N
Infectious diseases including sexually-transmitted diseases	Y / N
Breast disease requiring surgery—including implants (female boxers)	Y / N
Significant gynaecological disorders (female boxers only)	Y / N
Pregnant (female boxers) who must provide negative pregnancy test	Y / N

Have you had any injuries including broken bones? Please list

.....

Have you had any operation? (please list)

.....

Have you been admitted to hospital for any illness or injury not mentioned above? (Please list)

.....

Are you seeing a doctor or having any treatment now? (please list)

.....

MEDICATION HISTORY

Are you currently taking any medications from your doctor?	Y / N
Do you take any other non-prescribed medications or supplements	Y / N
Are you currently taking or have you ever taken illegal drugs	Y / N

FAMILY HISTORY

Does anyone in your family suffer from any of the following:

Sudden death under the age of 40 years (males) or 50 years (females)	Y / N
Sickle Cell Disease	Y / N
Kidney Disorder (especially polycystic kidney disease)	Y / N
TB	Y / N

Any other family disease?
(Please list and give information of any of the above)

.....

.....

Name of Applicant:

Date of Birth (Age must be 18 or over and under 46 years):

Address:.....

.....

Email address (mandatory)

Do you consider yourself to have a disability? Y / N

If yes, what is the nature of your impairment? Please tick box

Sensory impairment (including visual and hearing)

Physical impairment

Mental Health difficulty(e.g severe depression, bipolar)

Learning disability

Multiple impairments

Signed. Boxer:..... Date:

INITIAL MEDICAL EXAM

MEDICAL EXAMINATION (TO BE COMPLETED BY DOCTOR)

Name of Boxer.....

AGE:

Registration Number:

Male / Female

Identity Confirmed:

WON

LOST

PREVIOUS EXPERIENCE – NO. OF BOUTS		

General appearance / skin & subcutaneous tissues

SPECIFY

Height (cm)		.....
Weight(kg)		.....
Anaemia / Jaundice	Y / N	.....
Lymphadenopathy / Clubbing	Y / N	.....
Facial Deformity (mandibular /nasal)	Y / N	.....
Mouth and dental abnormality	Y / N	.....
Thyroid enlargement	Y / N	.....
Melanotic other skin lesions	Y / N	.....
Severe Acne	Y / N	.....

Chest (respiratory) Examination

Deformity / scars	Y / N	.....
Expansion normal	Y / N	.....
Breath sounds normal	Y / N	.....

Cardiovascular Examination

Pulse (regular and within limits if recent exercise)		.....
Blood pressure (sitting without rest period)		.....
Heart sounds normal	Y / N	

Abdominal Examination

Scars (Note reason for scars)	Y / N	.....
Organomegaly or masses (Females ? uterus)	Y / N	.....
Herniae	Y / N	.....

Genitourinary Examination

2 testes present and normal (Males)	Y / N	.....
Scrotal mass (Males)	Y / N	.....
Urine dipstix (no blood or glucose; protein<+>)	Y / N	.....

Neurological Examination

Pupils@ equal & reactive Y / N
Gross co-ordination Y / N
Modified Rombergs (30 sec) >6 Y / N

Musculoskeletal

Deformity or other hand abnormality Y / N
Deformity / wasting / scars on any limb Y / N
Deformity/abnormal movement/scars on Spinal examination Y / N

Eyes

Acuity: Best Eye 6/12 or Better Actual
Worst Eye 6/24 or Better Actual
Movement Equal & Full Y / N
Nystagmus Y / N

Ears

Tympanic membranes intact Y / N
Gross hearing adequate Y / N

Any other unusual finding

Specify;

.....
.....

FIT / UNFIT to Box (Delete as appropriate)

IF UNFIT does applicant require further specialist opinion? Y / N

Doctor Qualifications
(Print name or Practice Stamp)

Address
(Print Address or Practice Stamp)

.....
.....
.....

Signature Date:

The first application MUST include a PASSPORT PHOTOGRAPH, BIRTH CERTIFICATE and the appropriate REGISTRATION FEE