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ME1

RECREATIONAL BOXER MEDICAL RECORD

In accordance with England Boxing Rule 2.7 any recreational member over the age of 10 years old who will be participating in any form of sparring must have completed a medical and be registered on The Vault (membership system). The following form should be used by the doctor to complete your recreational boxing medical. For the avoidance of doubt those wishing to compete must complete a BCR1.

# THIS DOCUMENT IS SOLELY FOR THE USE OF THE BOXER TO WHOM IS ISSUED TO

Name …………………………………………….

Nationality …………………………………………….

Date of Birth ……………………………………………. Contact Number ……………………………………………. Address …………………………………………….

…………………………………………….

Post Code …………………………………………….

Boxer’s Signature ……………………………………………. Parent’s or Guardian

Signature ……………………………………………. (for minors under the age of 18)

Club Secretary Signature …………………………………………….

# MEDICAL CERTIFICATE

## Boxing History

Number of years Boxing …………………………………………….

## Medical History

Current or previous illnesses, injuries, operations, loss of consciousness or seizures:

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Medications …………………………………………….

…………………………………………….

Allergies …………………………………………….

……………………………………………. Vaccinations …………………………………………….

…………………………………………….

1. ***Initial Medical Examination***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weight: | kg | Pulse: |  | bpm |
| Height: | cm | Blood Pressure: | / | mmHg |

# HEAD / FACE

**Scars** On head and / or Face

………………………………………………………………………………………

**Eyes** ………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
|  | **Right** | **Left** |
| Pupils |  |  |
| Fundi |  |  |
| Cornea |  |  |
| Acuity (uncorrected) | 6/ | 6/ |

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**Ears** ……………………………………………………………………………………….

|  |  |  |
| --- | --- | --- |
|  | **Right** | **Left** |
| Tympanic membrane |  |  |
| Hearing |  |  |

**Nose** ………………………………………………………………………………………

………………………………………………………………………………………

**Throat** ……………………………………………………………………………………...

……………………………………………………………………………………...

**Teeth** Dental condition & hygiene

……………………………………………………………………………………....

# NECK

Full, pain-free range of movement of cervical spine?

……………………………………………………………………………………………………. Lymph glands and thyroid?

…………………………………………………………………………………………………….

* 1. **CHEST** Any structural deformity?

………………………………………………………………………………………

**Heart** Rhythm

……………………………………………………………………………………… Sounds +/- murmurs

……………………………………………………………………………………… Size

………………………………………………………………………………………

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**Lungs** ………………………………………………………………………………………

………………………………………………………………………………………

# ABDOMEN

Any scars, masses, organomegaly or tenderness?

…………………………………………………………………………………………………….

# LOCOMOTOR SYSTEM

Any deformity or tenderness of spine, upper or lower limbs (including hands & wrist)?

……………………………………………………………………………………………………. Any joint hyper or reduced mobility?

………………………………………………………………………………………………………. Any abnormality in muscular development or atrophy?

………………………………………………………………………………………………………..

# NERVOUS SYSTEM

Gait & Posture

……………………………………………………………………………………………………….. Balance / Romberg’s test

……………………………………………………………………………………………………….. Reflexes & Plantar responses

……………………………………………………………………………………………………….. Sensation & Co-ordination

……………………………………………………………………………………………………….. Any sign of tremor

……………………………………………………………………………………………………….. Mental stat

………………………………………………………………………………………………………..

## Investigations

Mandatory: Urine dipstick result (especially glucose, protein or blood)

………………………………………………………………………………………………………..

………………………………………………………………………………………………………..

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Optional:

|  |  |  |
| --- | --- | --- |
|  | **Result** | **Date** |
| Full Blood Count |  |  |
| HIV/Hep B &C |  |  |
| EBG |  |  |
| EEG |  |  |
| Chest X-Ray |  |  |
| CT/MRI Head |  |  |

1. ***Fitness to Box***

**I see no reason that the above participant, on examination, cannot take part in sparring.**

*\*Please circle as appropriate*

*FIT TO BOX UNFIT TO BOX*

*Date of Examination …………………………………………………………. Physician Name (please PRINT) ................................................................................*

*Signature of examining physician ................................................................................*

*GMC No / Stamp* ………………………………………………………….

**This document is only valid for one year from the above date.**

**In accordance with General Data Protection Regulations the data from this form will be logged on the secure medical database, no paper copies of this form will be made. The boxing club which the boxer attends agrees to securely store the medical form in accordance to the General Data Protection Regulations which came in to force on 25th May 2018.**