



Pro-Green Boxing Federation

Pre-Fight Medical Form

Boxer's Name: _____ Father Name: _____

Boxer's Address: _____

1. RESPIRATORY SYSTEM

Respiration type: _____

Coughing: _____ Chest pains: _____

Any abnormalities? : _____

2. CARDIO VASCULAR SYSTEM

Pulse rate: _____ Blood Pressure: _____

Any abnormalities?: _____

3. SKELETAL MUSCULAR SYSTEM

Any abnormalities?: _____

Any herniation in the orifice?: _____

4. SKIN AND MUSCULATURE SYSTEM

(Particular attention to hands, face and below abdomen)

Any fresh injuries or any skin disease or any sores or nasty scars:

5. NEUROLOGICAL AND NERVOUS SYSTEM

Any tremors?: _____

Any problems in balancing and/or coordination ? : _____

General MRI conclusion: _____

6. BLOOD TEST

(A) HIV RESULTS: _____

(B) HEPITITIS B RESULTS: _____

(C) HEPITITIS C RESULTS: _____

7. PYSCHOLOGICAL TEST

Does the boxer follow conversation and respond?

Does the boxer know that engagement in boxing is own personal risk?

Boxer's signature: _____

I certify that I am of the opinion that Boxer _____

Is in **GOOD/BAD** health condition and is **FIT/UNFIT** to be engaged in a boxing bout.

EXAMINER'S DETAILS:

Name: _____ Signature _____

Qualification: _____ Address: _____