BOXING BRITISH COLUMBIA

FIGHT RECORD:
Fights: _____
Wins: _____ Losses: _____

BOXING BC ASSOCIATION
FEMALE

Pre-bout Medical Questionnaire
(To be completed by the coach and the boxer before the medical examination)

DATE _____ SITE _____

TO THE COACH _____

Have you noticed any changes in your boxer regarding the following:

1.	Attention or concentration	YES ___	NO ___
2.	Memory	YES ___	NO ___
3.	Speech	YES ___	NO ___
4.	Behavior	YES ___	NO ___
5.	Sparring (quickness)	YES ___	NO ___

Signature _____

Boxer Questionnaire:

Boxers' name: _____

_____ _____
PERSONAL DOCTOR'S NAME YOUR HOME PHONE NUMBER

a.	Do you have any body piercing?	YES ___	NO ___
b.	Are you hearing impaired?	YES ___	NO ___

Have you had any of the following Symptoms lately:

1.	Headaches	YES ___	NO ___
2.	Dizziness	YES ___	NO ___
3.	Nausea or vomiting	YES ___	NO ___
4.	Double or blurred vision	YES ___	NO ___
5.	Have you taken any medication in the last 90 days	YES ___	NO ___

If yes, name the medication taken _____

6.	Have you had a brain injury or concussion in any sport or other in the last six months	YES ___	NO ___
7.	Are you pregnant?	YES ___	NO ___
8.	Date of your last menstrual period _____		

If you think you are pregnant Boxing BC strongly advises you NOT to box.

10. Have you noted menstrual abnormality recently such as an absent menses, Abnormal Vaginal bleeding with or without pelvic pain / tenderness not consistent with your normal menstrual cycle & patterns?
YES____ NO____

11. Have you noted any breast masses, bleeding or other breast dysfunction? YES____ NO____
12. Have you had breast augmentation implants or tissue transfer? YES____ NO____
13. In the last 12 months, have you had close contact with any person infected with Hepatitis or HIV?
YES____ NO____

If you think you have been infected with Hepatitis or HIV Boxing BC strongly advises you NOT to box.

14. Are you Diabetic? YES____ NO____

If you are Diabetic do you take insulin? YES____ NO____

Signature _____

Doctor's name _____ Doctor's signature _____